

Fill in this information to identify the case

Debtor name	J & D Restaurant Group, LLC
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS
Case number (if known)	

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor		Current value of debtor's interest	
2. Cash on hand			
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. First Bank & Trust - Lubbock (Main Account)	Checking account	2 6 0 3	\$34,803.66
3.2. First Bank & Trust - Lubbock (AP Account)	Checking account	2 6 1 1	\$0.01
3.3. First Bank & Trust - Lubbock (Payroll Account)	Checking account	2 6 5 2	\$9,882.13
3.4. First Bank & Trust - Lubbock (CC Account)	Checking account	2 6 6 0	\$100.00
3.5. Bank of America			
Debtor is unable to confirm account balance due to the bank's denial of access, but upon information and belief, there are no funds in the account.			
3.6. First Texas Bank	Checking account	7 4 3 5	\$0.00
	Checking account	1 0 5 1	(\$126.29)

Debtor J & D Restaurant Group, LLC _____ Case number (if known) _____
 Name _____

	Valuation method used for current value	Current value of debtor's interest
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14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials**20. Work in progress****21. Finished goods, including goods held for resale****22. Other inventory or supplies****Uniforms for Employees**

Net Book Value is based upon an estimated liquidation value of roughly \$10.00 per uniform multiplied by 626 employees.

\$6,260.00 Liquidation \$6,260.00**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$6,260.00**24. Is any of the property listed in Part 5 perishable?** No Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value _____ Valuation method _____ Current value _____**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?** No Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

Debtor	<u>J & D Restaurant Group, LLC</u>	Name	Case number (if known)
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value
28. Crops--either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			
Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?			
<input checked="" type="checkbox"/> No. Go to Part 8. <input type="checkbox"/> Yes. Fill in the information below.			
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7.			
Add lines 39 through 42. Copy the total to line 86.			\$0.00
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor J & D Restaurant Group, LLC _____ Case number (if known) _____
 Name _____

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

48. Watercraft, trailers, motors, and related accessories Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

**50. Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)**

Equipment

Net Book Value is equivalent to the purchase
price less depreciation for all items of equipment
(liquidation value is unknown). See attached
"Exhibit 2 (Schedule A/B)" for equipment list.

\$8,382,939.00 Going Concern Unknown

Miscellaneous Parts and Supplies

Items are located in U-Haul storage unit #306 at
3824 S General Bruce Drive, Temple, Texas
76502. Upon information reported from the
District Manager of Debtor's formerly-operated
restaurant in Temple, Texas, it is believed that
few, if any, items remain in the storage unit.

Unknown Unknown

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes. Fill in the information below.

Debtor J & D Restaurant Group, LLC _____ Case number (if known) _____
 Name _____

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. Former Restaurant Leases

Debtor formerly leased the property and buildings of thirty-one (31) Jack in the Box restaurants. Addresses for the aforementioned properties are attached hereto as "Exhibit 1 (Schedule A/B)."

Leased	\$0.00
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

www.jdgroupllc.com	\$0.00	Liquidation	\$0.00
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62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Debtor J & D Restaurant Group, LLC _____ Case number (if known) _____
 Name _____

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Debtor obtained an extension for its 2016 tax return and has yet to file said return, however, upon information and belief, Debtor will potentially realize a net operating loss for that year.

Tax year 2016 \$0.00

Upon information and belief, Debtor will potentially realize a net operating loss for 2017.

Tax year 2017 \$0.00

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Debtor has potential claims and/or causes of action against Jack in the Box, Inc. and/or Jack in the Box Eastern Division, L.P. for breach of the franchise agreement and/or turnover agreement between Debtor and the aforementioned parties.

Unknown

Nature of claim Potential Breach of Contract

Amount requested _____

Debtor has potential claims against Falcon Holdings Management for breach of its agreement regarding bookkeeping services to be provided to Debtor.

Unknown

Nature of claim Potential Breach of Contract

Amount requested _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No

Yes

Debtor J & D Restaurant Group, LLC _____ Case number (if known) _____
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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$59,371.69</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$97,246.14</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$6,260.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.	91a. <u>\$162,877.83</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$162,877.83</u>

Fill in this information to identify the case:Debtor name J & D Restaurant Group, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

- 2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

- 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$11,363,101.39

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.1	Creditor's name ANGELINA COUNTY TAX OFFICE	Describe debtor's property that is subject to a lien Debtor's Personal Property in Angelina County	\$1,566.47	\$6,260.00
Creditor's mailing address PO BOX 1344		Describe the lien Personal Property Taxes / Statutory Lien		
LUFKIN TX 75902-1344		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred 2016		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. For Equipment Net Book Value is equivalent to the purchase pri: 1) WELLS FARGO EQUIPMENT FINANCE, INC; 2) WELLS FARGO EQUIPMENT FINANCE, INC; 3) WELLS FARGO EQUIPMENT FINANCE, INC; 4) Gregg County Tax Assessor-Collector; 5) ANGELINA COUNTY TAX OFFICE; 6) Bell County Tax Appraisal District; 7) BRAZOS COUNTY TAX; 8) Cherokee County Appraisal District; 9) CORYELL COUNTY; 10) FIRST FRANCHISE CAPITAL; 11) FIRST FRANCHISE CAPITAL; 12) FIRST FRANCHISE CAPITAL; 13) FIRST FRANCHISE CAPITAL; 14) FIRST FRANCHISE CAPITAL; 15) HILL COUNTY TAX OFFICE; 16) JACK IN THE BOX INC; 17) KIRK SHIELDS, CPA PCC; 18) Leon County Tax Assessor Collector; 19) MADISON COUNTY TAX OFFICE; 20) MCLENNAN COUNTY - TAX OFFICE; 21) Nacogdoches Central Appr Dist; 22) SMITH COUNTY TAX OFFICE. For Uniforms for Employees Net Book Value is based upon an est: 1) ANGELINA COUNTY TAX OFFICE; 2) Cherokee County Appraisal District; 3) BRAZOS COUNTY TAX; 4) Bell County Tax Appraisal District; 5) CORYELL COUNTY; 6) FIRST FRANCHISE CAPITAL; 7) FIRST FRANCHISE CAPITAL; 8) FIRST FRANCHISE CAPITAL; 9) FIRST FRANCHISE CAPITAL; 10) FIRST FRANCHISE CAPITAL; 11) Gregg CPA PCC; 15) Leon County Tax Assessor Collector; 16) MADISON				

Debtor	J & D Restaurant Group, LLC	Case number (if known)	
Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.2	Creditor's name Bell County Tax Appraisal District	Describe debtor's property that is subject to a lien Debtor's Personal Property in Bell County	\$54,383.60
	Creditor's mailing address PO Box 390	Describe the lien Personal Property Taxes / Statutory Lien	\$6,260.00
	Belton TX 76513-0390	Is the creditor an insider or related party?	
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date debt was incurred <u>2016</u>	Is anyone else liable on this claim?	
	Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
<p>For Miscellaneous Parts and Supplies Items are located in U-Ha: 1) Bell County Tax Appraisal District; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) FIRST FRANCHISE CAPITAL; 7) JACK IN THE BOX INC; 8) WELLS FARGO EQUIPMENT FINANCE, INC; 9) WELLS FARGO EQUIPMENT FINANCE, INC; 10) WELLS FARGO EQUIPMENT FINANCE, INC. For Equipment Net Book Value is equivalent to the purchase price. See 2.1. For Uniforms for Employees Net Book Value is based upon an est: See 2.1.</p>			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.3	Creditor's name <u>BRAZOS COUNTY TAX</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Brazos County	\$11,897.92	\$6,260.00
	Creditor's mailing address <u>ASSESSOR-COLLECTOR</u>	Describe the lien Personal Property Taxes / Statutory Lien		
	<u>4151 COUNTY PARK COURT</u>			
	<u>BRYAN TX 77802-1430</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known			
	Date debt was incurred <u>2016</u>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
		<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>		
2.4	Creditor's name <u>Cherokee County Appraisal District</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Cherokee County	\$609.90	\$6,260.00
	Creditor's mailing address <u>PO BOX 494</u>	Describe the lien Personal Property Taxes / Statutory Lien		
	<u>RUSK TX 75785</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known			
	Date debt was incurred <u>2016</u>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
		<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>		

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.5	Creditor's name CORYELL COUNTY	Describe debtor's property that is subject to a lien Debtor's Personal Property in Coryell County	\$1,999.87	\$6,260.00
Creditor's mailing address PO BOX 6		Describe the lien Personal Property Taxes / Statutory Lien		
GATESVILLE TX 76528		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Date debt was incurred <u>2016</u>		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number _____		As of the petition filing date, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property?		No. Specify each creditor, including this creditor, and its relative priority.		
<input type="checkbox"/> No				
<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?				
		Yes. The relative priority of creditors is specified on lines <u>2.1</u>		

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.6	Creditor's name FIRST FRANCHISE CAPITAL	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor	\$1,369,689.57	\$157,965.33
Creditor's mailing address PO BOX 476		Describe the lien UCC-1 / Agreement		
HAMILTON OH 45012		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number 7 8 5 1		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
<p>For Bank of America Debtor is unable to confirm account balanc: 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (AP Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (CC Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (Main Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (Payroll Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) </p>				

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.7 Creditor's name <u>FIRST FRANCHISE CAPITAL</u> Creditor's mailing address <u>PO BOX 476</u> <u>HAMILTON OH 45012</u> Creditor's email address, if known Date debt was incurred Last 4 digits of account number <u>7 8 5 2</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor Describe the lien <u>UCC-1 / Agreement</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,443,726.96 \$157,965.33
2.8 Creditor's name <u>FIRST FRANCHISE CAPITAL</u> Creditor's mailing address <u>PO BOX 476</u> <u>HAMILTON OH 45012</u> Creditor's email address, if known Date debt was incurred Last 4 digits of account number <u>7 8 5 3</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor Describe the lien <u>UCC-1 / Agreement</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,443,726.95 \$157,965.33

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.9 Creditor's name <u>FIRST FRANCHISE CAPITAL</u>	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor Describe the lien UCC-1 / Agreement	\$4,090,559.51	\$157,965.33
Creditor's mailing address <u>PO BOX 476</u>			
Creditor's email address, if known <u></u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred <u></u>		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number <u>7 8 5 4</u>		As of the petition filing date, the claim is: <small>Check all that apply.</small>	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>			
2.10 Creditor's name <u>FIRST FRANCHISE CAPITAL</u>		Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor Describe the lien UCC-1 / Agreement	
Creditor's mailing address <u>PO BOX 476</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Creditor's email address, if known <u></u>		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Date debt was incurred <u></u>		As of the petition filing date, the claim is: <small>Check all that apply.</small>	
Last 4 digits of account number <u>0 5 5 3</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

<p>2.11 Creditor's name <u>Gregg County Tax Assessor-Collector</u></p> <p>Creditor's mailing address <u>101 East Melvin</u></p> <p><u>Longview TX 75061</u></p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <u>2016</u></p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u></p>	<p>Describe debtor's property that is subject to a lien Debtor's Personal Property in Gregg County</p> <p>Describe the lien Personal Property Taxes / Statutory Lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$5,446.70 \$6,260.00
<p>2.12 Creditor's name <u>HILL COUNTY TAX OFFICE</u></p> <p>Creditor's mailing address <u>PO BOX 412</u></p> <p><u>HILLSBORO TX 76645</u></p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <u>2016</u></p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u></p>	<p>Describe debtor's property that is subject to a lien Debtor's Personal Property in Hill County</p> <p>Describe the lien Personal Property Taxes / Statutory Lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$2,840.77 \$6,260.00

Debtor J & D Restaurant Group, LLC

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.13	Creditor's name JACK IN THE BOX INC	Describe debtor's property that is subject to a lien	\$2,060,738.51	\$157,965.33
Creditor's mailing address 9330 BALBOA AVE	Blanket lien on all assets of Debtor			
	Describe the lien			
	UCC-1 / Agreement			
	Is the creditor an insider or related party?			
SAN DIEGO CA 92123	<input checked="" type="checkbox"/> No			
Creditor's email address, if known	<input type="checkbox"/> Yes			
Date debt was incurred	Is anyone else liable on this claim?			
Last 4 digits of account number	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:			
<input type="checkbox"/> No	Check all that apply.			
<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.				
<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1, 2.2, 2.6				

Claim amount represents amounts allegedly owed pursuant to the franchise agreement between Jack in the Box, Inc. and/or Jack in the Box Eastern Division, L.P. and Debtor.

2.14	Creditor's name KIRK SHIELDS, CPA PCC	Describe debtor's property that is subject to a lien	\$5,446.70		\$6,260.00
	Creditor's mailing address TAX ASSESSOR-COLLECTOR	Personal Property of the Debtor			
	PO BOX 1431	Describe the lien			
		Personal Property Taxes / Statutory Lien			
		Is the creditor an insider or related party?			
	LONGVIEW TX 75606	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			
	Creditor's email address, if known	Is anyone else liable on this claim?			
Date debt was incurred	2016	<input checked="" type="checkbox"/> No			
Last 4 digits of account number	_____	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:				
	Check all that apply.				
<input type="checkbox"/> No	<input type="checkbox"/> Contingent				
<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.					
<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1					

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.15	Creditor's name <u>Leon County Tax Assessor Collector</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Leon County	\$3,504.63	\$6,260.00
Creditor's mailing address <u>PO BOX 37</u>		Describe the lien Personal Property Taxes / Statutory Lien		
<u>CENTERVILLE TX 75833-0037</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred <u>2016</u>		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		 <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>		
2.16	Creditor's name <u>MADISON COUNTY TAX OFFICE</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Madison County	\$3,959.32	\$6,260.00
Creditor's mailing address <u>PO BOX 417</u>		Describe the lien Personal Property Taxes / Statutory Lien		
<u>MADISONVILLE TX 77864</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred <u>2016</u>		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		 <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 1: Additional Page**

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Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.17	Creditor's name <u>MCLENNAN COUNTY - TAX OFFICE</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in McLennan County	\$16,227.55	\$6,260.00
Creditor's mailing address <u>PO BOX 406</u>		Describe the lien Personal Property Taxes / Statutory Lien		
<u>WACO TX 76703</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred <u>2016</u>		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>				
2.18	Creditor's name <u>Nacogdoches Central Appr Dist</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Nacogdoches County	\$2,332.12	\$6,260.00
Creditor's mailing address <u>216 W HOSPITAL ST</u>		Describe the lien Personal Property Taxes / Statutory Lien		
<u>NACOGDOCHES TX 75961</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred <u>2016</u>		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>				

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.19	Creditor's name <u>SMITH COUNTY TAX OFFICE</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Smith County	\$5,456.26	\$6,260.00
Creditor's mailing address <u>PO BOX 2011</u>		Describe the lien Personal Property Taxes / Statutory Lien		
<u>TYLER TX 75710-2011</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred <u>2016</u>		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>		
2.20	Creditor's name <u>WELLS FARGO EQUIPMENT FINANCE,</u>	Describe debtor's property that is subject to a lien Equipment	\$161,759.00	\$0.00
Creditor's mailing address <u>733 MARQUETTE AVENUE, SUITE 700</u>		Describe the lien UCC-1 / Agreement		
<u>MINNEAPOLIS MN 55402</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2</u>		

See UCC Financing Statement Nos. 15-0034945920, 16-00178919, 16-0005987935, and 16-0007484636 filed in Texas by Wells Fargo Equipment Finance, Inc.

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

<p>2.21 Creditor's name <u>WELLS FARGO EQUIPMENT FINANCE,</u></p> <p>Creditor's mailing address <u>733 MARQUETTE AVENUE, SUITE 700</u></p> <p>MINNEAPOLIS MN 55402</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2</u></p>	<p>Describe debtor's property that is subject to a lien Equipment</p> <p>Describe the lien UCC-1 / Agreement</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$160,410.00 \$0.00
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See UCC Financing Statement Nos. 15-0034945920, 16-00178919, 16-0005987935, and 16-0007484636 filed in Texas by Wells Fargo Equipment Finance, Inc.

<p>2.22 Creditor's name <u>WELLS FARGO EQUIPMENT FINANCE,</u></p> <p>Creditor's mailing address <u>733 MARQUETTE AVENUE, SUITE 700</u></p> <p>MINNEAPOLIS MN 55402</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2</u></p>	<p>Describe debtor's property that is subject to a lien Equipment</p> <p>Describe the lien UCC-1 / Agreement</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$45,610.00 \$0.00
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See UCC Financing Statement Nos. 15-0034945920, 16-00178919, 16-0005987935, and 16-0007484636 filed in Texas by Wells Fargo Equipment Finance, Inc.

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Douglas Draper Heller, Draper, Patrick, Horn & Dabney 650 Poydras Street, Suite 2500	Line <u>2.10</u>	_____
New Orleans LA 70130		
Douglas Draper Heller, Draper, Patrick, Horn & Dabney 650 Poydras Street, Suite 2500	Line <u>2.9</u>	_____
New Orleans LA 70130		
Douglas Draper Heller, Draper, Patrick, Horn & Dabney 650 Poydras Street, Suite 2500	Line <u>2.8</u>	_____
New Orleans LA 70130		
Douglas Draper Heller, Draper, Patrick, Horn & Dabney 650 Poydras Street, Suite 2500	Line <u>2.7</u>	_____
New Orleans LA 70130		
Douglas Draper Heller, Draper, Patrick, Horn & Dabney 650 Poydras Street, Suite 2500	Line <u>2.6</u>	_____
New Orleans LA 70130		
Melissa Hayward Franklin & Hayward LLP 10501 N Central Expressway, Suite 106	Line <u>2.10</u>	_____
Dallas TX 75231		

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1 -- Continuation Page

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Melissa Hayward</u> <u>Franklin & Hayward LLP</u> <u>10501 N Central Expressway, Suite 106</u>	Line <u>2.9</u>	_____
<u>Dallas</u> <u>TX</u> <u>75231</u>		
<u>Melissa Hayward</u> <u>Franklin & Hayward LLP</u> <u>10501 N Central Expressway, Suite 106</u>	Line <u>2.8</u>	_____
<u>Dallas</u> <u>TX</u> <u>75231</u>		
<u>Melissa Hayward</u> <u>Franklin & Hayward LLP</u> <u>10501 N Central Expressway, Suite 106</u>	Line <u>2.7</u>	_____
<u>Dallas</u> <u>TX</u> <u>75231</u>		
<u>Melissa Hayward</u> <u>Franklin & Hayward LLP</u> <u>10501 N Central Expressway, Suite 106</u>	Line <u>2.6</u>	_____
<u>Dallas</u> <u>TX</u> <u>75231</u>		
<u>Oak Street / First Franchise Capital</u> <u>Attn: David M. Bullington</u> <u>8888 Keystone Crossing, Suite 1700</u>	Line <u>2.10</u>	_____
<u>Indianapolis</u> <u>IN</u> <u>46240</u>		
<u>Oak Street / First Franchise Capital</u> <u>Attn: David M. Bullington</u> <u>8888 Keystone Crossing, Suite 1700</u>	Line <u>2.9</u>	_____
<u>Indianapolis</u> <u>IN</u> <u>46240</u>		
<u>Oak Street / First Franchise Capital</u> <u>Attn: David M. Bullington</u> <u>8888 Keystone Crossing, Suite 1700</u>	Line <u>2.8</u>	_____
<u>Indianapolis</u> <u>IN</u> <u>46240</u>		

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1 -- Continuation Page

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Oak Street / First Franchise Capital</u> <u>Attn: David M. Bullington</u> <u>8888 Keystone Crossing, Suite 1700</u>	Line <u>2.7</u>	_____
<u>Indianapolis</u> <u>IN</u> <u>46240</u>		
<u>Oak Street / First Franchise Capital</u> <u>Attn: David M. Bullington</u> <u>8888 Keystone Crossing, Suite 1700</u>	Line <u>2.6</u>	_____
<u>Indianapolis</u> <u>IN</u> <u>46240</u>		
<u>Samuel S. Allen</u> <u>Jackson Walker LLP</u> <u>135 W. Twohig Avenue, Suite C</u>	Line <u>2.13</u>	_____
<u>San Angelo</u> <u>TX</u> <u>76903</u>		

Fill in this information to identify the case:

Debtor	<u>J & D Restaurant Group, LLC</u>
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>
Case number (if known)	_____

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
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Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address <u>3C ELECTRIC, LLC</u> <u>21120 FM 244</u>	As of the petition filing date, the claim is: <u>\$1,223.22</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 Iola TX <u>77861</u>	 Basis for the claim: <u>Goods and/or services</u>
 Date or dates debt was incurred	 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
 Last 4 digits of account number	
 3.2 Nonpriority creditor's name and mailing address <u>A-Z PLUMBING COMPANY</u> <u>PO BOX 3029</u>	As of the petition filing date, the claim is: <u>\$110.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 HARKER HEIGHTS TX <u>76548</u>	 Basis for the claim: <u>Goods and/or Services</u>
 Date or dates debt was incurred	 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
 Last 4 digits of account number	
 3.3 Nonpriority creditor's name and mailing address <u>ADA TWIDWELL</u> <u>4101 W ADAMS AVE APT 108</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 TEMPLE TX <u>76513</u>	 Basis for the claim: <u>Notice only</u>
 Date or dates debt was incurred	 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
 Last 4 digits of account number	
 3.4 Nonpriority creditor's name and mailing address <u>ADAM BLANKENSHIP</u> <u>601 YORKSHIRE DR</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 COLLEGE STATION TX <u>77845</u>	 Basis for the claim: <u>Notice only</u>
 Date or dates debt was incurred	 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
 Last 4 digits of account number	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address <u>ADAM DUNCAN</u> <u>1410 ASHLEY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NOLANVILLE</u> TX 76559		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.6	Nonpriority creditor's name and mailing address <u>ADOLFO VELEZ</u> <u>511 DALLAS ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.7	Nonpriority creditor's name and mailing address <u>ADRIAN ARREDONDO</u> <u>514 WESTVIEW LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE</u> TX 76522		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.8	Nonpriority creditor's name and mailing address <u>ADRIAN ARREDONDO</u> <u>514 WESTVIEW LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE</u> TX 76522		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.9 Nonpriority creditor's name and mailing address <u>ADRIAN GUZMAN</u> <u>826 MT CARMEL RD</u> <hr/> <u>LUFKIN</u> TX <u>75904</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10 Nonpriority creditor's name and mailing address <u>AEZLUN TREAAAWAY</u> <u>2411 TUDOR DR</u> <hr/> <u>KILLEEN</u> TX <u>76543</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11 Nonpriority creditor's name and mailing address <u>AISHA SANDERS</u> <u>3404 BROOK CIR</u> <hr/> <u>WACO</u> TX <u>76710</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12 Nonpriority creditor's name and mailing address <u>ALBERTA MELCHOR</u> <u>216 ADAMS</u> <hr/> <u>TYLER</u> TX <u>75702</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.13 Nonpriority creditor's name and mailing address <u>ALCIDES GOODING</u> <u>1205 (B) EAST DOWNS AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
TEMPLE TX <u>76501</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ — — — —	Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.14 Nonpriority creditor's name and mailing address <u>ALEISHA WASHINGTON</u> <u>635 HARRIS ST #8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
KILGORE TX <u>75662</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ — — — —	Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.15 Nonpriority creditor's name and mailing address <u>ALEKSIS JAIMES</u> <u>115 LEMANS DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
LUFKIN TX <u>75901</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ — — — —	Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.16 Nonpriority creditor's name and mailing address <u>ALEXANDER ELECTRIC INC</u> <u>1602 E. DENMAN AVE.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,320.70
<hr/>		
LUFKIN TX <u>75091</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ — — — —	Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.17 Nonpriority creditor's name and mailing address <u>ALEXANDRA ALCOSER</u> <u>169C HCR 1318</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18 Nonpriority creditor's name and mailing address <u>ALEXANDRA ESCOBEDO</u> <u>236 FORT GRAHAM ROAD</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19 Nonpriority creditor's name and mailing address <u>ALEXIS RIDDLE</u> <u>2912 TAFT ST</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20 Nonpriority creditor's name and mailing address <u>ALFRED COLLIER</u> <u>303 SOUTH 24TH ST</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.21 Nonpriority creditor's name and mailing address <u>ALICCA MIXON</u> <u>1811 EAST AVE K. #411</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
TEMPLE TX <u>76501</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
<hr/>		
3.22 Nonpriority creditor's name and mailing address <u>ALICIA BONNER</u> <u>1019 WESTOVER DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
KILLEEN TX <u>76541</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
<hr/>		
3.23 Nonpriority creditor's name and mailing address <u>ALICIA BRISTER</u> <u>1602 GREENWOOD AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
KILLEEN TX <u>76541</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
<hr/>		
3.24 Nonpriority creditor's name and mailing address <u>ALICIA CRAINE</u> <u>902 N 15TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
TEMPLE TX <u>76501</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.25 Nonpriority creditor's name and mailing address <u>ALLIED INSURANCE</u> <u>PO BOX 514540</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20,154.46
Basis for the claim: <u>Goods and/or services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26 Nonpriority creditor's name and mailing address <u>ALMA HERNANDEZ</u> <u>1228 KINGS HWY</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27 Nonpriority creditor's name and mailing address <u>ALMA HOLGUIN</u> <u>5500 HWY 103</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28 Nonpriority creditor's name and mailing address <u>ALMCOE REFRIGERATION COMPANY</u> <u>4050 CRESTHILL RD</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Goods and/or services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.29 Nonpriority creditor's name and mailing address <u>ALVIN VAUGHN</u> <u>245 JOHN KOLB RD</u> <hr/> <u>LUFKIN</u> TX <u>75901</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address <u>AMANDA BALA</u> <u>115 S JACK KULTGEN EXPRESSWAY</u> <hr/> <u>WACO</u> TX <u>76706</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31 Nonpriority creditor's name and mailing address <u>AMANDA KARBACH</u> <u>3401 CHERRY RD.</u> <hr/> <u>KILLEEN</u> TX <u>76543</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32 Nonpriority creditor's name and mailing address <u>AMANDA SMITH</u> <u>2122 LAZY RIDGE RD</u> <hr/> <u>KILLEEN</u> TX <u>76543</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.33 Nonpriority creditor's name and mailing address <u>AMBER BOYCE</u> <u>2506 PVT RD 2020</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<u>CENTERVILLE</u> TX <u>75833</u> <u>Date or dates debt was incurred</u> _____ <u>Last 4 digits of account number</u> _____		
<u>Basis for the claim:</u> <u>Notice only</u> <u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.34 Nonpriority creditor's name and mailing address <u>AMBER HESSELING</u> <u>1015 PARK DR</u>		
<u>HILLSBORO</u> TX <u>76660</u> <u>Date or dates debt was incurred</u> _____ <u>Last 4 digits of account number</u> _____		
<u>Basis for the claim:</u> <u>Notice only</u> <u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.35 Nonpriority creditor's name and mailing address <u>AMINA KHAN</u> <u>15112 MEREDITH LN.</u>		
<u>COLLEGE STATION</u> TX <u>77845</u> <u>Date or dates debt was incurred</u> _____ <u>Last 4 digits of account number</u> _____		
<u>Basis for the claim:</u> <u>Notice only</u> <u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.36 Nonpriority creditor's name and mailing address <u>AMPARITO BOLES</u> <u>603 E 29TH ST APT # 19</u>		
<u>BRYAN</u> TX <u>77803</u> <u>Date or dates debt was incurred</u> _____ <u>Last 4 digits of account number</u> _____		
<u>Basis for the claim:</u> <u>Notice only</u> <u>Is the claim subject to offset?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Amount of claim

3.37 Nonpriority creditor's name and mailing address <u>ANA MONTESINO</u> <u>11896 FM 14</u> <hr/> <u>TYLER</u> TX <u>75706</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38 Nonpriority creditor's name and mailing address <u>ANA RODRIGUEZ</u> <u>1024 BURKHALTER HOLLOW RD</u> <hr/> <u>DIBOLL</u> TX <u>75941</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address <u>ANA SALAIZ</u> <u>1070 FM 1818</u> <hr/> <u>DIBOLL</u> TX <u>75941</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address <u>ANDERSON VALDEZ</u> <u>409 BOB ST</u> <hr/> <u>LUFKIN</u> TX <u>75904</u>	As of the petition filing date, the claim is: <u>\$0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.41 Nonpriority creditor's name and mailing address <u>ANDRE KAY</u> <u>1302 S. FRANCIS ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>TYLER</u> TX <u>75701</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<hr/>		
3.42 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i>		
<u>Andrea Lloyd</u> <u>501 W. Central Texas Expy #2503</u>		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<hr/>		
<u>Killeen</u> TX <u>76541</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<hr/>		
3.43 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i>		
<u>ANDRESHA GIDEN</u> <u>4213 WREN ROAD</u>		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<hr/>		
<u>TEMPLE</u> TX <u>76502</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<hr/>		
3.44 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i>		
<u>ANGELA GRIGGS MOORE</u> <u>3520 TRICE AVE</u>		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<hr/>		
<u>WACO</u> TX <u>76707</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.45 Nonpriority creditor's name and mailing address <u>ANGELA RODNESS</u> <u>1315 N GRAY ST</u> <hr/> <u>KILLEEN</u> TX <u>76541</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.46 Nonpriority creditor's name and mailing address <u>ANGELIQUE OAKES</u> <u>1310 SOUTH MAIN #204</u> <hr/> <u>TEMPLE</u> TX <u>76504</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.47 Nonpriority creditor's name and mailing address <u>ANNABEL APILADO</u> <u>304 N TENA ST</u> <hr/> <u>JACKSONVILLE</u> TX <u>75766</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48 Nonpriority creditor's name and mailing address <u>ANNIE HARRIS</u> <u>1304 PASEO DEL COBRE</u> <hr/> <u>TEMPLE</u> TX <u>76502</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.49 Nonpriority creditor's name and mailing address <u>ANNIE RIGSBY</u> <u>401 E.ELM ST</u> <hr/> <u>HILLSBORO</u> TX <u>76645</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.50 Nonpriority creditor's name and mailing address <u>ANTHONY HAEFNER</u> <u>51506 TAOS ST APT # 1</u> <hr/> <u>FORT HOOD</u> TX <u>76544</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____		\$0.00
3.51 Nonpriority creditor's name and mailing address <u>ANTHONY JIMENEZ</u> <u>1700 BACON RANCH RD. #1104</u> <hr/> <u>KILLEEN</u> TX <u>76544</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____		\$0.00
3.52 Nonpriority creditor's name and mailing address <u>ANTHONY KENDRICKS</u> <u>3223 BOSQUE</u> <hr/> <u>WACO</u> TX <u>76707</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____		\$0.00

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.53 Nonpriority creditor's name and mailing address <u>ANTHONY MITCHELL</u> <u>1703 SELEY</u> <hr/> <u>WACO</u> TX <u>76704</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____	As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54 Nonpriority creditor's name and mailing address <u>ANTHONY PELLETIER</u> <u>101 E. ELMS RD. LOT 153</u> <hr/> <u>KILLEEN</u> TX <u>76542</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____	
As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55 Nonpriority creditor's name and mailing address <u>ANTHONY TORREZ</u> <u>52 BUCK LANE</u> <hr/> <u>BELTON</u> TX <u>76513</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____	
As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56 Nonpriority creditor's name and mailing address <u>APRIL THURMAN</u> <u>1006 DANSBY ST</u> <hr/> <u>BRYAN</u> TX <u>77803</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ - _____ - _____ - _____	
As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.57 Nonpriority creditor's name and mailing address <u>AQUALA DEGRATE</u> <u>903 NTH 4TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>WACO</u> TX <u>76707</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.58 Nonpriority creditor's name and mailing address <u>ARACELY GUEVERA</u> <u>10682 FM 14</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>TYLER</u> TX <u>75706</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.59 Nonpriority creditor's name and mailing address <u>ARIANNA RICHARDSON</u> <u>1308 HERITAGE SQ DR APT 30</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>JACKSONVILLE</u> TX <u>75766</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.60 Nonpriority creditor's name and mailing address <u>ARIEL HURT</u> <u>4103 FM 757</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>WINONA</u> TX <u>75792</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.61 Nonpriority creditor's name and mailing address <u>ARIEL REED</u> <u>307 PARK STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>LONGVIEW</u> TX <u>75601</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.62 Nonpriority creditor's name and mailing address <u>ARNETTA WESLEY</u> <u>1815 OLD BRANDON RD APT # 221</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>HILLSBORO</u> TX <u>76645</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.63 Nonpriority creditor's name and mailing address <u>ASALEE JAMES</u> <u>2844 CR 4935</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>KEMPNER</u> TX <u>76539</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		
3.64 Nonpriority creditor's name and mailing address <u>ASHLEY BURROUGH</u> <u>2299 SHIFLET LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		
<u>BEDIAS</u> TX <u>77831</u>	Basis for the claim: <u>Notice only</u>	
<hr/>		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.65 Nonpriority creditor's name and mailing address <u>ASHLEY LEONETTI</u> <u>305 S AMY LN TRL 117</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66 Nonpriority creditor's name and mailing address <u>ASHLEY MCDANIEL</u> <u>15250 FM 2484</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.67 Nonpriority creditor's name and mailing address <u>AT&T</u> <u>PO BOX 105414</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Goods and/or services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68 Nonpriority creditor's name and mailing address <u>AT&T - 5014</u> <u>P O BOX 5014</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Goods and/or services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.69 Nonpriority creditor's name and mailing address <u>ATMOS ENERGY</u> <u>PO BOX 790311</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,160.22
Basis for the claim: <u>Goods and/or services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70 Nonpriority creditor's name and mailing address <u>AURORA CASEY</u> <u>703 SKYLINE DR.</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71 Nonpriority creditor's name and mailing address <u>AUSTIN DAVIS</u> <u>1104 EAST MAIN ST</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72 Nonpriority creditor's name and mailing address <u>AZYDREA MOORE</u> <u>3209 SHADY HILL DR</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.73 Nonpriority creditor's name and mailing address <u>BAKER DISTRIBUTING #235</u> <u>13225 KALLAN AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,277.35
Basis for the claim: <u>Goods and/or services</u>		
TYLER TX 75703	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____		
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		
3.74 Nonpriority creditor's name and mailing address <u>BANKDIRECT CAPITAL FINANCE</u> <u>150 North Field Drive Suite 190</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Goods and/or services</u>		
Lake Forest IL 60045	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____		
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		
3.75 Nonpriority creditor's name and mailing address <u>BARBARA HOWARD</u> <u>1406 S 15TH ST</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
TEMPLE TX 76504	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____		
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		
3.76 Nonpriority creditor's name and mailing address <u>BARBARA YOUNG</u> <u>8712 OAKBEND CV</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
TEMPLE TX 76502	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____		
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.77 Nonpriority creditor's name and mailing address <u>BARCO UNIFORMS INC</u> <u>350 W ROSECRANS AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,512.86
Basis for the claim: <u>Goods and/or services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78 Nonpriority creditor's name and mailing address <u>BEATRICE DOMINGUEZ</u> <u>1215 SMITH DR</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79 Nonpriority creditor's name and mailing address <u>BENITO LAWSON</u> <u>2602 S 39TH ST</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80 Nonpriority creditor's name and mailing address <u>BENUVARD SPILLER</u> <u>1734 CRENNAN</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.81 Nonpriority creditor's name and mailing address <u>Bernard J. Morrissey</u> <u>PO Box 236</u> <hr/> <u>Roanoke</u> TX <u>76262</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> 3.82 Nonpriority creditor's name and mailing address <u>BLANCA LOPEZ</u> <u>1501 HOLLEMAN APT # 194</u> <hr/> <u>COLLEGE STATION</u> TX <u>77840</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u> 3.83 Nonpriority creditor's name and mailing address <u>BRANDEN EETHERTON</u> <u>1501 DAKOTA TRCE APT # B</u> <hr/> <u>HARKER HEIGHTS</u> TX <u>76548</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u> 3.84 Nonpriority creditor's name and mailing address <u>BRANDON EALOMS</u> <u>708 WALNUT STREET</u> <hr/> <u>BRYAN</u> TX <u>77803</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred Income</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.85 Nonpriority creditor's name and mailing address <u>BRANDON GALINDO</u> <u>309 BOX FACTORY RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86 Nonpriority creditor's name and mailing address <u>BRANDON SMITH</u> <u>6418 HADEN DR.</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87 Nonpriority creditor's name and mailing address <u>BRANDY CORIN</u> <u>2013 BERETTA DR</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88 Nonpriority creditor's name and mailing address <u>BREANN JONES</u> <u>1010 BORDER STREET</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.89 Nonpriority creditor's name and mailing address <u>BREANNA BLOUNT</u> <u>5321 LANCE LOOP</u> <hr/> <u>KILLEEN</u> TX <u>76549</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u>	\$0.00
Date or dates debt was incurred _____		Is the claim subject to offset?
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90 Nonpriority creditor's name and mailing address <u>BRENDA BURGHARD</u> <u>1006 N. 7TH ST.</u> <hr/> <u>TEMPLE</u> TX <u>76501</u>		
Date or dates debt was incurred _____		Is the claim subject to offset?
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91 Nonpriority creditor's name and mailing address <u>BRENT REED</u> <u>707 WISCONSIN ST</u> <hr/> <u>KILLEEN</u> TX <u>76541</u>		
Date or dates debt was incurred _____		Is the claim subject to offset?
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92 Nonpriority creditor's name and mailing address <u>BRIANNA BARNES</u> <u>2403 TORO LN APT # C</u> <hr/> <u>BRYAN</u> TX <u>77803</u>		
Date or dates debt was incurred _____		Is the claim subject to offset?
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.93 Nonpriority creditor's name and mailing address <u>BRITTANY STAHL</u> <u>1240 CR 1461</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3.94 Nonpriority creditor's name and mailing address <u>BRITTNEY DUKE</u> <u>1009 EAST AVE A</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3.95 Nonpriority creditor's name and mailing address <u>BRODRICK SANDERS</u> <u>433 S. SPRING</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3.96 Nonpriority creditor's name and mailing address <u>BRYAN CLAYTON</u> <u>4602 CALLE ROBLE</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.97 Nonpriority creditor's name and mailing address <u>BRYAN TEXAS UTILITIES</u> <u>PO BOX 8000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,552.21
Basis for the claim: <u>Goods and/or services</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98 Nonpriority creditor's name and mailing address <u>BYRON DANIELS</u> <u>1403 CLEAVER ST</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99 Nonpriority creditor's name and mailing address <u>BYRON HUMPHREY</u> <u>171 CHURCH RD</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100 Nonpriority creditor's name and mailing address <u>CALVIN KENNARD</u> <u>1208 ANNA LEE DR</u>		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: <u>Notice only</u>		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.101	Nonpriority creditor's name and mailing address <u>CALVIN LYNCH</u> <u>2416 N. BORDER</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.102	Nonpriority creditor's name and mailing address <u>CAMERON RULAND</u> <u>406 LITTLE AVENUE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MCGREGOR</u> TX 76657		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.103	Nonpriority creditor's name and mailing address <u>CAMILLE KOERNER</u> <u>200 MULLER GARDEN RD APT 612</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75703		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.104	Nonpriority creditor's name and mailing address <u>CANDACE MCCANTS</u> <u>209 ROSE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.105	Nonpriority creditor's name and mailing address <u>CARISSA BARQEWITZ</u> <u>910 S 35TH ST APT # 7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.106	Nonpriority creditor's name and mailing address <u>CARMONDRE DAVIS</u> <u>1508 E AVE B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.107	Nonpriority creditor's name and mailing address <u>CAROLINA OBREGON</u> <u>920 DUVAL COURT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.108	Nonpriority creditor's name and mailing address <u>CAROLINA UVALLE</u> <u>206 WASHINGTON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.109	Nonpriority creditor's name and mailing address <u>CASEY OKEEFFE</u> <u>19612 FONDA ST. E</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.110	Nonpriority creditor's name and mailing address <u>CASHAE DIKERSON</u> <u>1002 MISSOURI AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.111	Nonpriority creditor's name and mailing address <u>CASSANDRA BROWN</u> <u>3013 COLE AVENUE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.112	Nonpriority creditor's name and mailing address <u>CASSANRA DEGRATE</u> <u>1722 B DALLAS CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.113	Nonpriority creditor's name and mailing address <u>CATHERINE LOVE</u> <u>415 OWEN LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address <u>CATRICE MAXIE</u> <u>3606 D ANGES STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	Nonpriority creditor's name and mailing address <u>CECELIA CONTRERAS</u> <u>6418 CR 4203</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	Nonpriority creditor's name and mailing address <u>CELIA FLORES</u> <u>112 BUTLER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.117	Nonpriority creditor's name and mailing address <u>CELIA LOZANO</u> <u>1111 GROESBECK ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.118	Nonpriority creditor's name and mailing address <u>CENTERPOINT ENERGY</u> <u>PO BOX 4981</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$644.94
 <u>HOUSTON</u> TX 77210-4981		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.119	Nonpriority creditor's name and mailing address <u>CENTRAL TEXAS REFRIGERATION</u> <u>ATTN: MICHAEL LONDON</u> <u>9875 BOTTOMS ROAD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TROY</u> TX 76759		Basis for the claim: <u>Goods and/or Services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.120	Nonpriority creditor's name and mailing address <u>CENTURY LINK</u> <u>PO BOX 2961</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$113.74
 <u>PHOENIX</u> AZ 85062-2961		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

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Amount of claim

3.121	Nonpriority creditor's name and mailing address <u>CHACHASITY DAVIS</u> <u>1602 CARDINAL STREET APT # 733 A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NACOGDOCHES</u> TX 75961		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.122	Nonpriority creditor's name and mailing address <u>CHANDREA TAYLOR</u> <u>901 E YOUNG AVE APT # 105</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.123	Nonpriority creditor's name and mailing address <u>CHANTEL MALOTT</u> <u>3509 DAUGHTREY AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76711		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.124	Nonpriority creditor's name and mailing address <u>Chapman's Full Service Maintenance</u> <u>P.O.BOX 10639</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76547-0639		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.125	Nonpriority creditor's name and mailing address <u>CHAQUINTA MAXIE</u> <u>802 MARTHA STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.126	Nonpriority creditor's name and mailing address <u>CHARDAY THOMAS</u> <u>303 NALON RIDGE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.127	Nonpriority creditor's name and mailing address <u>CHARITY DAVIS</u> <u>1107 AVE H</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.128	Nonpriority creditor's name and mailing address <u>CHARLES COLEMAN</u> <u>127 SUNNYDALE APT # 306</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

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Amount of claim

3.129	Nonpriority creditor's name and mailing address <u>CHARLOTTE REDWINE</u> <u>10914 CR 383</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.130	Nonpriority creditor's name and mailing address <u>CHASE PONSON</u> <u>398 ALDRIDGE CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>POLLOK</u> TX 75969		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.131	Nonpriority creditor's name and mailing address <u>CHRIS MILLER</u> <u>110 SHELBY LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>POLLOK</u> TX 75969		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.132	Nonpriority creditor's name and mailing address <u>CHRISTINE WHEELER</u> <u>4123 S PARK DR #146</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75703		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.133	Nonpriority creditor's name and mailing address <u>CHRISTOPHER CRENSHAW</u> <u>601 WASHINGTON AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE</u> TX 76522		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.134	Nonpriority creditor's name and mailing address <u>CHRISTOPHER GAINES</u> <u>2620 DUTTON AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76711		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.135	Nonpriority creditor's name and mailing address <u>CHRISTOPHER STUBBLEFIELD</u> <u>1211 FROST AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.136	Nonpriority creditor's name and mailing address <u>CHRISTOPHER TULLOS</u> <u>196 TULLOS RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CORRIGAN</u> TX 75939		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.137	Nonpriority creditor's name and mailing address <u>CHRISTOPHER WEAVER</u> <u>901 E YOUNG AVE. TRL#105</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.138 Nonpriority creditor's name and mailing address <u>CHRISTOPHER WHITE</u> <u>3617 N 26TH ST</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.139 Nonpriority creditor's name and mailing address <u>CIARA COLLINS</u> <u>134 LUTHER ST APT 182</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.140 Nonpriority creditor's name and mailing address <u>CIERRA WASHINGTON</u> <u>2114 SOUTH 5TH ST APT # 35</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.141	Nonpriority creditor's name and mailing address <u>CITY OF BELLMEAD - Water</u> <u>3015 BELLMEAD DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELLMEAD</u> TX <u>76705</u>		Basis for the claim: <u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.142	Nonpriority creditor's name and mailing address <u>CITY OF BELTON - UTILITY</u> <u>UTILITY BILLING DEPT</u> <u>PO BOX 120</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$239.43
 <u>BELTON</u> TX <u>76513-0120</u>		Basis for the claim: <u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.143	Nonpriority creditor's name and mailing address <u>CITY OF CENTERVILLE</u> <u>PO BOX 279</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,346.92
 <u>CENTERVILLE</u> TX <u>75833-0279</u>		Basis for the claim: <u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.144	Nonpriority creditor's name and mailing address <u>CITY OF COPPERAS COVE</u> <u>PO BOX 249</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE</u> TX <u>76522-0249</u>		Basis for the claim: <u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.145	Nonpriority creditor's name and mailing address <u>CITY OF DIBOLL</u> <u>PO BOX 340</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Utilities</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.146	Nonpriority creditor's name and mailing address <u>CITY OF HARKER HEIGHTS</u> <u>305 MILLERS CROSSING</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$164.68
	Basis for the claim: <u>Utilities</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.147	Nonpriority creditor's name and mailing address <u>CITY OF HILLSBORO</u> <u>PO BOX 568</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$876.73
	Basis for the claim: <u>Utilities</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.148	Nonpriority creditor's name and mailing address <u>CITY OF JACKSONVILLE</u> <u>PO BOX 1390</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$117.31
	Basis for the claim: <u>Utilities</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.149	Nonpriority creditor's name and mailing address CITY OF KILGORE 815 N KILGORE ST <hr/> KILGORE TX 75662-5860	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities	\$535.35
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.150	Nonpriority creditor's name and mailing address CITY OF KILLEEN UTILITY COLLECTIONS PO BOX 549 <hr/> KILLEEN TX 76540-0549	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities	\$1,399.40
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.151	Nonpriority creditor's name and mailing address CITY OF LUFKIN - Utility PO BOX 190 <hr/> LUFKIN TX 75902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities	\$2,825.16
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.152	Nonpriority creditor's name and mailing address CITY OF MADISONVILLE 210 W COTTONWOOD <hr/> MADISONVILLE TX 77864	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities	\$72.22
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.153	Nonpriority creditor's name and mailing address CITY OF NACOGDOCHES WATER DEPARTMENT PO BOX 635090	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$688.51
		Basis for the claim: Utilities	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.154	Nonpriority creditor's name and mailing address CITY OF NACOGDOCHES-HEALTH P O BOX 635030	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: Health Permit & Business Operations Permits	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.155	Nonpriority creditor's name and mailing address CITY OF NACOGDOCHES-PERMITS P O BOX 635030	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: Health Permit & Business Operations Permits	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.156	Nonpriority creditor's name and mailing address CITY OF TEMPLE PO BOX 878	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$62.37
		Basis for the claim: Utilities	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.157	Nonpriority creditor's name and mailing address CITY OF TYLER - WATER TYLER WATER UTILITIES PO BOX 336 TYLER TX 75710-0336	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,417.20
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.158	Nonpriority creditor's name and mailing address CITY OF WACO WATER PO BOX 2649 WACO TX 76702-2649	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$626.02
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.159	Nonpriority creditor's name and mailing address CITY OF WOODWAY 922 ESTATES DR WOODWAY TX 76712	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.160	Nonpriority creditor's name and mailing address CLORICE FAHIE 4307 TELLURIDE DR. KILLEEN TX 76542	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.161	Nonpriority creditor's name and mailing address <u>COCA-COLA NORTH AMERICA</u> <u>PO BOX 102703</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,857.13
 <u>ATLANTA</u> <u>GA</u> <u>30368</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.162	Nonpriority creditor's name and mailing address <u>COLBY OLIVER</u> <u>1617 FM 1194</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> <u>TX</u> <u>75904</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.163	Nonpriority creditor's name and mailing address <u>COLLEGE STATION UTILITIES</u> <u>PO BOX 10230</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,775.97
 <u>COLLEGE STATION</u> <u>TX</u> <u>77842-0230</u>		Basis for the claim: <u>Utilities</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.164	Nonpriority creditor's name and mailing address <u>COLTIN GILGREASE</u> <u>271 HER 2424</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> <u>TX</u> <u>76645</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.165	Nonpriority creditor's name and mailing address <u>COMMERCIAL ELECTRONICS INC</u> <u>3421 HOLLENBERG DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$392.25
 <u>BRIDGETON</u> MO 63044		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 3.166 Nonpriority creditor's name and mailing address <u>Commercial Kitchen Parts&Service</u> <u>P O BOX 831128</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,346.83
 <u>SAN ANTONIO</u> TX 78283		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 3.167 Nonpriority creditor's name and mailing address <u>CONOR CROUNSE</u> <u>2888 NASH ST APT 221 D</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77802		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 3.168 Nonpriority creditor's name and mailing address <u>CONSOLIDATED COMMUNICATIONS</u> <u>PO BOX 66523</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$38.80
 <u>ST LOUIS</u> MO 63166-6523		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.169	Nonpriority creditor's name and mailing address <u>COURTNEY HART</u> <u>1113 CHESTNUT ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>WACO</u> TX 76704	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.170	Nonpriority creditor's name and mailing address <u>CRAIG WHITE</u> <u>501 COLONIAL LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>KILLEEN</u> TX 76543	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.171	Nonpriority creditor's name and mailing address <u>CRICEL VILLANUEVA</u> <u>802 RICKS RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>LUFKIN</u> TX 75901	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.172	Nonpriority creditor's name and mailing address <u>CRISTAL FALCON</u> <u>706 SHADY LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>COPPERAS COVE</u> TX 76522	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.173	Nonpriority creditor's name and mailing address <u>CRISTON WALLS</u> <u>2525 E. LAKESHORE DR. #1508</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174	Nonpriority creditor's name and mailing address <u>CRISTY JENNINGS</u> <u>724 ROLLINS AVE APT# 724</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.175	Nonpriority creditor's name and mailing address <u>CRYSTAL DARREN</u> <u>1900 BACON RANCH RD APT # 605</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.176	Nonpriority creditor's name and mailing address <u>CRYSTAL RAY</u> <u>613 CARVER</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.177	Nonpriority creditor's name and mailing address <u>CURTIS FRANKLIN</u> <u>2269 CHRISTOPHER DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CHANDLER</u> TX 75758		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.178	Nonpriority creditor's name and mailing address <u>CURTIS STONE</u> <u>3401 N. 21ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.179	Nonpriority creditor's name and mailing address <u>CURTIS TOWNSEND</u> <u>2601 WESLEY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.180	Nonpriority creditor's name and mailing address <u>CYNTHIA RANGEL</u> <u>1518 ASH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>GRAND PRAIRIE</u> TX 75050		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.181	Nonpriority creditor's name and mailing address <u>DAMEON CARROLL</u> <u>4809 W WACO DR APT # 212</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.182	Nonpriority creditor's name and mailing address <u>DAMIAN SESSIONS</u> <u>913 N RITCHIE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.183	Nonpriority creditor's name and mailing address <u>DAMIAN VELEZ</u> <u>1720 STEWART ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.184	Nonpriority creditor's name and mailing address <u>DAMION JONES</u> <u>2409 LAVENDER LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.185	Nonpriority creditor's name and mailing address <u>DAMON RIVERA</u> <u>4511 PETE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.186	Nonpriority creditor's name and mailing address <u>DANIELLE HERNANDEZ</u> <u>616 BEXAR STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.187	Nonpriority creditor's name and mailing address <u>DARLING INTERNATIONAL INC.</u> <u>251 O'Connor Ridge Blvd, Ste 300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$377.36
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.188	Nonpriority creditor's name and mailing address <u>DARRIUS BUTLER</u> <u>3411 ROBIN HOOD DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.189	Nonpriority creditor's name and mailing address <u>DAVID ADAMS</u> <u>602 PARK LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.190 Nonpriority creditor's name and mailing address <u>DAVID AMOS</u> <u>207 W Anderson Ave Apt #A</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.191 Nonpriority creditor's name and mailing address <u>DAVID FAIR JR</u> <u>809 ROOT#1</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.192 Nonpriority creditor's name and mailing address <u>DAVID GOFF</u> <u>4100 LAKE ROAD APT 101</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.193	Nonpriority creditor's name and mailing address <u>DAVONTE MANUEL</u> <u>4102 WEST ADAMS AVE APT# 106</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.194	Nonpriority creditor's name and mailing address <u>DAVOR DIZDAREVIC</u> <u>939 CRESTED POINT DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77845		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.195	Nonpriority creditor's name and mailing address <u>DAWANN MCINTYRE</u> <u>2001 E AVE K</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.196	Nonpriority creditor's name and mailing address <u>DAYSI BARAHONA AGUILAR</u> <u>1212 ROYAL CREST DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.197	Nonpriority creditor's name and mailing address <u>DEBRA YOUNG</u> <u>PO BOX 462</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CENTERVILLE</u> TX 75833		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.198	Nonpriority creditor's name and mailing address <u>DECARIUJHN JIMMERSON</u> <u>815 GREELEY AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.199	Nonpriority creditor's name and mailing address <u>DEHAVION MCFARLAND</u> <u>133 OLD LINE RD APT # 25</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NACOGDOCHES</u> TX 75961		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.200	Nonpriority creditor's name and mailing address <u>DEJA MIMS</u> <u>2120 MANNING WAY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.201	Nonpriority creditor's name and mailing address <u>Deluxe Business Checks and Solutions</u> <u>PO BOX 742572</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,340.15
 <u>CINCINNATI</u> OH <u>45274-2572</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.202	Nonpriority creditor's name and mailing address <u>DEMARCUS SCOTT</u> <u>1701 PINE AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX <u>76708</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.203	Nonpriority creditor's name and mailing address <u>DEMIKETRA STROUD</u> <u>1106 CHESTNUT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX <u>76704</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.204	Nonpriority creditor's name and mailing address <u>DERAYVIAN TAYLOR</u> <u>2115 N. WINONA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX <u>75702</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.205	Nonpriority creditor's name and mailing address <u>DESTINEY JONES</u> <u>3600 SCROGGINS APT 2E</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.206	Nonpriority creditor's name and mailing address <u>DESTINY BROWN</u> <u>612 CRIM AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.207	Nonpriority creditor's name and mailing address <u>DESTINY PAGE</u> <u>116 MACKECHNEY ST.2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.208	Nonpriority creditor's name and mailing address <u>DEVANTE JONES</u> <u>4303 FROG DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.209	Nonpriority creditor's name and mailing address <u>DEVARIOUS JONES</u> <u>2210 WICKUP TRAIL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.210	Nonpriority creditor's name and mailing address <u>DEVIN ASHWORTH</u> <u>913 KERN ROAD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.211	Nonpriority creditor's name and mailing address <u>DIANA CONERWAY</u> <u>5283 FM 2039</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CALDWELL</u> TX 77836		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.212	Nonpriority creditor's name and mailing address <u>DIANA CORRALES</u> <u>331 ADA ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>SAN ANTONIO</u> TX 78223		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.213	Nonpriority creditor's name and mailing address <u>DIEGO LEWIS</u> <u>801 GREELEY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.214	Nonpriority creditor's name and mailing address <u>DIRECTV</u> <u>P O BOX 60036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$24.49
 <u>LOS ANGELES</u> CA 90060-0036		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.215	Nonpriority creditor's name and mailing address <u>DOMINIC CUMMINGS</u> <u>1606 S ANN BLVD #1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.216	Nonpriority creditor's name and mailing address <u>DONALD TURNER</u> <u>2221 BREEZY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76712		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.217	Nonpriority creditor's name and mailing address <u>DONEISHA GREEN</u> <u>309 ROOT AVE APT # 5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.218	Nonpriority creditor's name and mailing address <u>DONNA TRIPPLET</u> <u>1007 WEST AVE D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.219	Nonpriority creditor's name and mailing address <u>DONNA WASHINGTON</u> <u>420 N.WALL ST APT#2A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.220	Nonpriority creditor's name and mailing address <u>DONNIE ANTUNEZ</u> <u>811 WEBSTER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.221	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>DONYEKIA HAWKINS</u> <u>1112 SUNGLADE ST</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Notice only</u>	
<u>GILMER</u> TX 75644		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.222	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>DOUGLAS LANGFORD</u> <u>7652 PRIVATE ROAD 1464</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Notice only</u>	
<u>CENTERVILLE</u> TX 75833		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.223	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>DURELL CAMPBELL</u> <u>5829 BLACKWELL ST APT # 129</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Notice only</u>	
<u>DALLAS</u> TX 75231		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.224	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>DWAYNE SMITH</u> <u>3333 STEVE AVE</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: <u>Notice only</u>	
<u>KILLEEN</u> TX 76543		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.225	Nonpriority creditor's name and mailing address <u>DWIGHT PLYLER</u> <u>6192 FM 1669</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HUNTINGTON</u> TX 75949		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.226	Nonpriority creditor's name and mailing address <u>DWIGHT WHITELEY</u> <u>13154 DECK DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76502		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.227	Nonpriority creditor's name and mailing address <u>DYLAN LISTON</u> <u>2525 SHILOH RD APT# 264</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75703		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.228	Nonpriority creditor's name and mailing address <u>Ecolab Pest Elimination Division</u> <u>26252 NETWORK PL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,692.26
 <u>CHICAGO</u> IL 60673-1262		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.229	Nonpriority creditor's name and mailing address <u>ED JOHNSON</u> <u>203 I-35 NW THUNDERBIRD MOTEL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.230	Nonpriority creditor's name and mailing address <u>EDDIE HARRISON</u> <u>344 RICHLAND ST APT # 354D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76710		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.231	Nonpriority creditor's name and mailing address <u>EDEN YOUNG</u> <u>1306 SOUTH 35TH STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.232	Nonpriority creditor's name and mailing address <u>EDUARDO TAMAYO</u> <u>1720 STEWART ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.233	Nonpriority creditor's name and mailing address <u>EDWARD TUCKER</u> <u>410 WEST PARK ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.234	Nonpriority creditor's name and mailing address <u>ELENA MORENO</u> <u>512 N. CASEY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.235	Nonpriority creditor's name and mailing address <u>ELIAS BALBOA</u> <u>3016 PARROTT AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76707		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.236	Nonpriority creditor's name and mailing address <u>ELIZABETH PERRY</u> <u>PO BOX 107</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JEWETT</u> TX 75846		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.237	Nonpriority creditor's name and mailing address <u>ELLA HARKLESS</u> <u>118 WILLOW BROOK DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HENDERSON</u> TX 75652		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.238	Nonpriority creditor's name and mailing address <u>ELODIA CASTILLO</u> <u>950 CR 4201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.239	Nonpriority creditor's name and mailing address <u>ELRY STANFER</u> <u>3122 TRICE AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76707		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.240	Nonpriority creditor's name and mailing address <u>ELUVIA GONZALEZ</u> <u>760 COUNTRY ROAD 1548</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CENTER</u> TX 75935		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.241	Nonpriority creditor's name and mailing address <u>EMILIO MEZA</u> <u>306 RIDGECREST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.242	Nonpriority creditor's name and mailing address <u>EMILY DUNCAN</u> <u>3729 SHERWOOD LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76502		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.243	Nonpriority creditor's name and mailing address <u>EMILY GONZALES</u> <u>523 E UNION AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>UVALDE</u> TX 78801		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.244	Nonpriority creditor's name and mailing address <u>EMMA VILLA</u> <u>1112 CACTI LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELTON</u> TX 76513		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.245	Nonpriority creditor's name and mailing address <u>ENDIA LAWRENCE</u> <u>1408 HAMMOND DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.246 Nonpriority creditor's name and mailing address <u>ENMANUEL CORNELIO</u> <u>504 E NUTBUSH</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.247 Nonpriority creditor's name and mailing address <u>ENRIQUE PRADO</u> <u>410 CENTERLINE RD</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WOODWAY</u> TX 76712		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.248 Nonpriority creditor's name and mailing address <u>ENTERGY</u> <u>PO BOX 8104</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,429.47
 <u>BATON ROUGE</u> LA 70891-8104		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.249	Nonpriority creditor's name and mailing address <u>ERENIA GUERRERO</u> <u>2232 CR 326 WEST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER TX 75706</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.250	Nonpriority creditor's name and mailing address <u>ERICA MAPPS</u> <u>2309 LILLY ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LONGVIEW TX 75602</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.251	Nonpriority creditor's name and mailing address <u>ERIK MOOSA</u> <u>2629 Damsel Cherry Lane</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>Lewisville TX 75056</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.252	Nonpriority creditor's name and mailing address <u>ERNEST JONES</u> <u>4030 CR 209</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CENTERVILLE TX 75833</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.253	Nonpriority creditor's name and mailing address <u>ESSENCE LAWRENCE</u> <u>1100 N 6TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>WACO</u> TX 76707	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.254	Nonpriority creditor's name and mailing address <u>ESTHER PONCE</u> <u>108 S REED AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>BRYAN</u> TX 77803	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.255	Nonpriority creditor's name and mailing address <u>ETELVINA VICENCIO</u> <u>1718 STEWART ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>KILLEEN</u> TX 76541	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.256	Nonpriority creditor's name and mailing address <u>ETHAN WILLIAMS</u> <u>10450 HWY 7E</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>CENTREVILLE</u> TX 75833	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.257	Nonpriority creditor's name and mailing address <u>EUGENIA HINES</u> <u>5814 KINGMAN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
WACO TX 76710		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.258	Nonpriority creditor's name and mailing address <u>EVA ALCOSER</u> <u>154 RABBIT CREEK CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
KILGORE TX 75662		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.259	Nonpriority creditor's name and mailing address <u>EVANGELINA PALMA</u> <u>245 JOHN KOLB RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
LUFKIN TX 75901		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.260	Nonpriority creditor's name and mailing address <u>EZIEKIAL CLARK</u> <u>1900 B ECHOLS ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
AUSTIN TX 78750		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.261	Nonpriority creditor's name and mailing address <u>FABRICIO FLORES</u> <u>277 SILVERTON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.262	Nonpriority creditor's name and mailing address <u>FALCON HOLDINGS MANAGEMENT LLC</u> <u>7 VILLAGE CIR STE 300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$43,462.00
 <u>WESTLAKE</u> TX 76262		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.263	Nonpriority creditor's name and mailing address <u>FLAVIO BARBALENA</u> <u>391 CAVIN LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>AXTELL</u> TX 76624		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.264	Nonpriority creditor's name and mailing address <u>FLOWERS BAKING COMPANY OF TYLER LLC</u> <u>PO BOX 842216</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,052.50
 <u>DALLAS</u> TX 75284		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.265	Nonpriority creditor's name and mailing address <u>FRANK VEAIL</u> <u>718 NORTH 59TH ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>WACO</u> TX 76710	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.266	Nonpriority creditor's name and mailing address <u>FRANKIE DELEON</u> <u>216 1/2 E POLK AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>LUFKIN</u> TX 75904	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.267	Nonpriority creditor's name and mailing address <u>FRED CROSS</u> <u>330 E MIAN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>NACAGDOCHES</u> TX 75961	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.268	Nonpriority creditor's name and mailing address <u>FREDDY MARTINEZ GARCIA</u> <u>530 S. PEACH</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	 <u>TYLER</u> TX 75702	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.269	Nonpriority creditor's name and mailing address <u>Frederick Brantley</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Alleged Personal Injury Claim</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.270	Nonpriority creditor's name and mailing address <u>Frederick Dowe dba Dowe Microwave Servic</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$285.17
<u>800 SWITZER LN</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CEDAR HILL TX 75104</u>		<u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.271	Nonpriority creditor's name and mailing address <u>FREDERICK KING</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>1597 CO RD 320</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CENTERVILLE TX 75833</u>		<u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.272	Nonpriority creditor's name and mailing address <u>FREDRICK JOHNSON</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>3122 TRICE AVE</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>WACO TX 76708</u>		<u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.273	Nonpriority creditor's name and mailing address <u>FREDRICK PITTMAN JR</u> <u>911 FLORIDA STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.274	Nonpriority creditor's name and mailing address <u>FREDY BARAHONA</u> <u>713 ALLENDALE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.275	Nonpriority creditor's name and mailing address <u>FRONTIER</u> <u>PO BOX 740407</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$228.14
 <u>CINCINNATI</u> OH 45274-0407		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.276	Nonpriority creditor's name and mailing address <u>GABRIEL ALLEN</u> <u>1315 JEFFERIS AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.277	Nonpriority creditor's name and mailing address <u>GARY BALBOA</u> <u>2514 LYLE AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.278	Nonpriority creditor's name and mailing address <u>GARY DUFFEY</u> <u>3912 NORTH 22ND ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.279	Nonpriority creditor's name and mailing address <u>GARY HEMPHILL</u> <u>1009 N VALLEY MILLS DR APT 144</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76710		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.280	Nonpriority creditor's name and mailing address <u>GENE CASTILLO</u> <u>1110 WEST AVE A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.281	Nonpriority creditor's name and mailing address <u>GEORGE SCHMIDT IV</u> <u>PO BOX 108</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.282	Nonpriority creditor's name and mailing address <u>GERMAINE TAYLOR</u> <u>407 ALEXANDER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILGORE</u> TX 75662		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.283	Nonpriority creditor's name and mailing address <u>GILBERTO RODRIGUEZ</u> <u>2189 LIVE OAK CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77807		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.284	Nonpriority creditor's name and mailing address <u>GILDA VILLAGOMEZ</u> <u>2016 DUSK DIRVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.285	Nonpriority creditor's name and mailing address GIS BENEFITS PO BOX 1806	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,468.04
 SAN ANOTNIO TX 78296		Basis for the claim: Goods and/or services	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.286	Nonpriority creditor's name and mailing address GUADALUPE FIALLOS 822 MT CARMEL RD	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 LUFKIN TX 75904		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.287	Nonpriority creditor's name and mailing address GUADALUPE LOPEZ 200 NORTHGATE LN	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 JACKSONVILLE TX 75766		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.288	Nonpriority creditor's name and mailing address GUARDIAN PO BOX 677458	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,365.89
 DALLAS TX 75267-7458		Basis for the claim: Goods and/or services	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.289	Nonpriority creditor's name and mailing address <u>GWENDOLYN BOWEN</u> <u>1500 OLYMPIA WAY APT # 16</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77840		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.290	Nonpriority creditor's name and mailing address <u>GWENDOLYN MILLER</u> <u>3338 W. COPE ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.291	Nonpriority creditor's name and mailing address <u>HARLAND CLARKE CORP</u> <u>D/B/A TRANSOURCE</u> <u>PO BOX 60005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$44.91
 <u>CHARLOTTE</u> NC 28260-0005		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.292	Nonpriority creditor's name and mailing address <u>HAROLD JONES</u> <u>4504 JOHN DAVID DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.293	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>Health Insurance Marketplace</u>		<input type="checkbox"/> Contingent	
<u>Attn: Supporting Documentation</u>		<input type="checkbox"/> Unliquidated	
<u>465 Industrial Blvd</u>		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>London KY 40750-0001</u>		<u>Notice Only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.294	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>HEATHER ALFORD</u>		<input type="checkbox"/> Contingent	
<u>100 HOME ST</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>HILLSBORO TX 76645</u>		<u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.295	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>HEATHER DURAN</u>		<input type="checkbox"/> Contingent	
<u>534 COUNTY ROAD APT # 170</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>BAY CITY TX 77414</u>		<u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.296	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>HEATHER GANN</u>		<input type="checkbox"/> Contingent	
<u>818 S CASS UNIT 9 B</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>CENTERVILLE TX 75833</u>		<u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.297	Nonpriority creditor's name and mailing address <u>HEATHER MUNK</u> <u>405 W 28TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.298	Nonpriority creditor's name and mailing address <u>HECTOR RAMIREZ</u> <u>150 OAK LEAF</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77845		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.299	Nonpriority creditor's name and mailing address <u>HENRY GARCIA</u> <u>1303 SOUTH 19TH ST APT # B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.300	Nonpriority creditor's name and mailing address <u>HIEN COVINGTON</u> <u>132 RIDGEWAY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77845		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.301	Nonpriority creditor's name and mailing address <u>HIRELINKS CORP</u> <u>3927 BONNIE LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,787.00
 <u>ROUND ROCK</u> TX 78665		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.302	Nonpriority creditor's name and mailing address <u>HM ELECTRONICS INC</u> <u>14110 STOWE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,976.34
 <u>POWAY</u> CA 92064		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.303	Nonpriority creditor's name and mailing address <u>HYCHEON SLAUGHTER</u> <u>3627 COLCORD AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.304	Nonpriority creditor's name and mailing address <u>Industrial Steam Cleaning</u> <u>of Central Texas</u> <u>PO BOX 1186</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,415.00
 <u>SALADO</u> TX 76571		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

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Amount of claim

3.305	Nonpriority creditor's name and mailing address <u>IRENEANA JALLORINA</u> <u>3605 WOODLAKE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.306	Nonpriority creditor's name and mailing address <u>ISAAC GAINY</u> <u>4101 E RANCIER AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.307	Nonpriority creditor's name and mailing address <u>ISABEL FORASTIERI</u> <u>313 INDIAN OAKS DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.308	Nonpriority creditor's name and mailing address <u>ISELA MUNOZ</u> <u>155 CR 1628</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

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Amount of claim

3.309	Nonpriority creditor's name and mailing address <u>ISIDRO MATUL</u> <u>1713 ANDERSON ST APT B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77840		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.310	Nonpriority creditor's name and mailing address <u>IVORY ASBERRY</u> <u>4500 ROCKING K DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76705		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.311	Nonpriority creditor's name and mailing address <u>IYESHA GRIGSBY</u> <u>1509 WOODEN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NACOGDOCHES</u> TX 75961		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.312	Nonpriority creditor's name and mailing address <u>JACK HAVEN</u> <u>1504 N COMMERCE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CENTERVILLE</u> TX 75833		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.313	Nonpriority creditor's name and mailing address <u>JACKSON SIGN & LIGHTING INC</u> <u>PO BOX 23087</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,192.24
 <u>WACO TX 76702</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.314	Nonpriority creditor's name and mailing address <u>JACOB RODRIGUEZ</u> <u>2000 INDIAN TRAIL TRL 7B</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS TX 76548</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.315	Nonpriority creditor's name and mailing address <u>JACOB WHICKER</u> <u>1101 Southwest Parkway Apt #2011</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION TX 77840</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.316	Nonpriority creditor's name and mailing address <u>JACQUELINE FIELDS</u> <u>8824 OLD MCGREGOR RD APT #8824</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HEWITT TX 76712</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.317	Nonpriority creditor's name and mailing address <u>JACQUES MAYS</u> <u>5823 HOPKINS DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE TX 76502</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.318	Nonpriority creditor's name and mailing address <u>JADA JOURDIAN</u> <u>1304 HARRIS AVE APT # 40</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN TX 76541</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.319	Nonpriority creditor's name and mailing address <u>JAMARI PAGE</u> <u>1117 N 8TH ST APT # 1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN TX 76541</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.320	Nonpriority creditor's name and mailing address <u>JAMAYNE SCOTT</u> <u>1811 EAST AVENUE K APT # 411</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE TX 76501</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.321	Nonpriority creditor's name and mailing address <u>JAMERSON SCANLON</u> <u>1103 COVEY LN APT D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.322	Nonpriority creditor's name and mailing address <u>JAMES BROWN</u> <u>1139 DUTTON AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76705		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.323	Nonpriority creditor's name and mailing address <u>JAMES DAVIS</u> <u>375 SHERWOOD FOREST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.324	Nonpriority creditor's name and mailing address <u>JAMES FUSE</u> <u>316 W DEAN AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.325	Nonpriority creditor's name and mailing address <u>JAMES SANDLE</u> <u>3200 FINFEATHER STREET # 249</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77801		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.326 Nonpriority creditor's name and mailing address <u>JAMES SCHOOLEY</u> <u>611 N 5TH ST APT# J6</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.327 Nonpriority creditor's name and mailing address <u>JAMES WRIGHT</u> <u>521 S HENDERSON ST</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.328 Nonpriority creditor's name and mailing address <u>JAMIAH MCCOSKILL</u> <u>84376 HONEY LOCUST UNIT2</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>FORT HOOD</u> TX 76544		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.329	Nonpriority creditor's name and mailing address <u>JAMIE HAMMOCK</u> <u>1732 CORDOVA LOOP</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.330	Nonpriority creditor's name and mailing address <u>JANAY KELLY</u> <u>4520 N 19TH ST APT # A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.331	Nonpriority creditor's name and mailing address <u>JANET CIFTCIBASIS</u> <u>207 TOPAZ CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.332	Nonpriority creditor's name and mailing address <u>JANIS WATLEY</u> <u>1809 HOWARD ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.333	Nonpriority creditor's name and mailing address <u>JANNETTE SANDERS</u> <u>3496 CR 305</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BUFFALO</u> TX 75831		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.334	Nonpriority creditor's name and mailing address <u>JAQUICE JOHNSON</u> <u>1028 E WALNUT ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.335	Nonpriority creditor's name and mailing address <u>JARRON GAINER</u> <u>715 EARLENE STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.336	Nonpriority creditor's name and mailing address <u>JASMIN BARAJAS</u> <u>230 SAUCEDO RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.337	Nonpriority creditor's name and mailing address <u>JAZMIN MACIAS</u> <u>135 FINLEY AVENUE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.338	Nonpriority creditor's name and mailing address <u>JC SERVICES</u> <u>1801 MCGINNIS CT</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,167.86
		Basis for the claim: <u>Goods and/or services</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.339	Nonpriority creditor's name and mailing address <u>JC SUPERIOR LLC</u> <u>PO BOX 6754</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,562.25
		Basis for the claim: <u>Goods and/or services</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.340	Nonpriority creditor's name and mailing address <u>JEFFERY CLARK</u> <u>3605 N 23RD ST</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.341	Nonpriority creditor's name and mailing address <u>JEFFERY DELANEY</u> <u>4205 JULY DRIVE APT # C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.342	Nonpriority creditor's name and mailing address <u>JEREMI SANDERS</u> <u>1826 CR 3301</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.343	Nonpriority creditor's name and mailing address <u>JERMIQUE JACKSON</u> <u>2713 S BROADWAY AVE APT # 121</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75701		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.344	Nonpriority creditor's name and mailing address <u>JERRY CANTRELL</u> <u>3403 ATKINSON AVE APT # D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.345	Nonpriority creditor's name and mailing address <u>JERRY SIMMONS</u> <u>2810 W ERWIN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.346	Nonpriority creditor's name and mailing address <u>JERRY TAYLOR</u> <u>13946 CANTWELL DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HOUSTON</u> TX 77014		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.347	Nonpriority creditor's name and mailing address <u>JERRY TENNELLE JR.</u> <u>3815 RANGER DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77801		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.348	Nonpriority creditor's name and mailing address <u>JESSICA COBURN</u> <u>791 HCR 1313</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.349	Nonpriority creditor's name and mailing address <u>JESSICA LITTLE</u> <u>3200 FINFEATHER RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77801		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.350	Nonpriority creditor's name and mailing address <u>JESUS ALVARADO</u> <u>501 E LITTLE DIPPER</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.351	Nonpriority creditor's name and mailing address <u>JESUS DURAN</u> <u>423 N GILMER ST APT 11</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.352	Nonpriority creditor's name and mailing address <u>JIMMARON POOLE</u> <u>1513 ANNA LEE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.353	Nonpriority creditor's name and mailing address <u>JIMMY HADNOT</u> <u>212 WHITEHOUSE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75901		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.354	Nonpriority creditor's name and mailing address <u>JIMMY HALL</u> <u>6721 OKLAHOMA LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MIDWAY</u> TX 75852		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.355	Nonpriority creditor's name and mailing address <u>JOE FITZGERALD</u> <u>2602 JOHN PORTER DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.356	Nonpriority creditor's name and mailing address <u>JOHN KING IV</u> <u>1318 S 30 TH</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76711		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.357	Nonpriority creditor's name and mailing address <u>JOHNNY GRIFFITH</u> <u>176 FLOYD DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 76901		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.358	Nonpriority creditor's name and mailing address <u>JOHNTHAN MYERS</u> <u>201 MYRIA STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75901		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.359	Nonpriority creditor's name and mailing address <u>JONATHAN BERRY</u> <u>4103 FM 757</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WINONA</u> TX 75792		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.360	Nonpriority creditor's name and mailing address <u>JONELL HAYNES</u> <u>405 W 28TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.361	Nonpriority creditor's name and mailing address <u>JOQUAVEOUS BASS</u> <u>2202 WNW LOOP 323 APT # 426</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
TYLER TX 75702		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			
3.362	Nonpriority creditor's name and mailing address <u>JORDAN DOWLING</u> <u>813 CENTER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
BRYAN TX 77803		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			
3.363	Nonpriority creditor's name and mailing address <u>JORDYN HARMON</u> <u>1110 INDIAN TRAIL 22</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
HARKER HEIGHTS TX 76548		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			
3.364	Nonpriority creditor's name and mailing address <u>JOSE PICAZO</u> <u>2606 LEWIS ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
KILLEEN TX 76543		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.365	Nonpriority creditor's name and mailing address <u>JOSHUA MOORE</u> <u>1612 N 10TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	WACO TX 76708	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.366	Nonpriority creditor's name and mailing address <u>JOSHUA RHODES</u> <u>610 PSCAR BERRU RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	LUFKIN TX 75904	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.367	Nonpriority creditor's name and mailing address <u>JOSHUA RIVAS</u> <u>1307 CALIFORNIA BLVD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	LUFKIN TX 75904	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		
3.368	Nonpriority creditor's name and mailing address <u>JOSHUA SAIZON</u> <u>10550 SHELBY LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	TYLER TX 75707	Basis for the claim: <u>Notice only</u>	
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number — — — —		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.369	Nonpriority creditor's name and mailing address <u>JOVANY NAVAS</u> <u>1506 BUNDRANT DR APT # 227</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.370	Nonpriority creditor's name and mailing address <u>JUANA CHAVEZ</u> <u>318 PRIVATE RD 3659</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILGORE</u> TX 75662		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.371	Nonpriority creditor's name and mailing address <u>JUANA SANTOS</u> <u>324 CASEY RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75901		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.372	Nonpriority creditor's name and mailing address <u>JUANA TORRES</u> <u>164 SPRING MEADOW</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.373	Nonpriority creditor's name and mailing address <u>JULEYA MCINTYRE</u> <u>5200 DEERWOOD TRAIL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.374	Nonpriority creditor's name and mailing address <u>JULIA ESTEVES</u> <u>403 SOUTH FIRST ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.375	Nonpriority creditor's name and mailing address <u>JULIE FARRELL</u> <u>166 OAKLAND CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.376	Nonpriority creditor's name and mailing address <u>JUSTIN HAYNES</u> <u>3200 FINFEATHER</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77801		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.377	Nonpriority creditor's name and mailing address <u>KALA MIMS</u> <u>2356 FM 2776</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77808		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.378	Nonpriority creditor's name and mailing address <u>KALAB CRANSTON</u> <u>3933 BELLE MERIE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75701		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.379	Nonpriority creditor's name and mailing address <u>KAMESHIA TINSLEY</u> <u>503 N RAGSDALE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.380	Nonpriority creditor's name and mailing address <u>KARL MALONE</u> <u>5711 REDSTONE DR APT # D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.381	Nonpriority creditor's name and mailing address <u>KASSANDRA SILVA</u> <u>1505 QUARRY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.382	Nonpriority creditor's name and mailing address <u>KATAZSHANE DAVIS</u> <u>102 S MARABLE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WEST</u> TX 76691		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.383	Nonpriority creditor's name and mailing address <u>KATHERINE BRAUN</u> <u>5852 TEMERITY WAY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BULVERDE</u> TX 78163		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.384	Nonpriority creditor's name and mailing address <u>KAYLA EVANS</u> <u>816 E MAIN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.385	Nonpriority creditor's name and mailing address <u>KAYLA MEDEROS</u> <u>317 SELMAN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.386	Nonpriority creditor's name and mailing address <u>KELLY CONNER</u> <u>306 E MULBERRY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HUNTINGTON</u> TX 75949		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.387	Nonpriority creditor's name and mailing address <u>KELLY LOWRANCE</u> <u>1400 E AVE H APT # 72</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NOLANVILLE</u> TX 76559		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.388	Nonpriority creditor's name and mailing address <u>KELVIN DAVIS</u> <u>1011 HATTON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.389	Nonpriority creditor's name and mailing address <u>KELVIN OKOLO</u> <u>5222 NORTHWAY DRIVE APT # 117</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NACOGDOCHES</u> TX 75965		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.390	Nonpriority creditor's name and mailing address <u>KENNETH BOWERS</u> <u>201 KRENEK TAP RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77840		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.391	Nonpriority creditor's name and mailing address <u>KENVIA ROSS</u> <u>435 E WALNUT ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.392	Nonpriority creditor's name and mailing address <u>KENYAN MCCAULEY</u> <u>4400 PALUXY DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75703		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.393	Nonpriority creditor's name and mailing address <u>KENYON JONES</u> <u>800 N 46TH ST APT # 19 A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.394	Nonpriority creditor's name and mailing address <u>KEVIN AVILEZ</u> <u>713 ALLENDALE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.395	Nonpriority creditor's name and mailing address <u>KHADIJA DAVIS</u> <u>4006 MADISON DR. APT. #B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.396	Nonpriority creditor's name and mailing address <u>KHIYANA TAYLOR</u> <u>1910 BARAK LN APT # 17</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77802		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.397	Nonpriority creditor's name and mailing address <u>KIERRA MONROE</u> <u>1006 DANSBY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.398	Nonpriority creditor's name and mailing address <u>KIERSTEN COLLET</u> <u>4004 AUSTINS ESTATES</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77808		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.399	Nonpriority creditor's name and mailing address <u>KIMBERLY JANUARY</u> <u>9911 FM</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MIDWAY</u> TX 75852		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.400	Nonpriority creditor's name and mailing address <u>KIMBERLY MAY</u> <u>4501 WOODBEND DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.401	Nonpriority creditor's name and mailing address <u>KIMBERLY PRINZ</u> <u>605 BURTON AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.402	Nonpriority creditor's name and mailing address <u>Kimbrough Fire Extinguisher</u> <u>Company Inc</u> <u>PO BOX 13296</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,008.04
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.403	Nonpriority creditor's name and mailing address <u>KITIONA LUAU JR</u> <u>605 STEWART ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.404	Nonpriority creditor's name and mailing address <u>KORY SHURON</u> <u>309 ROOT AVE #154</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.405	Nonpriority creditor's name and mailing address <u>KRISTI FORD</u> <u>1400 E AVE H APT # 79</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NOLANVILLE</u> TX 76559		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.406	Nonpriority creditor's name and mailing address <u>KRISTIN BROWN</u> <u>1909 SYBIL LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75703		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.407	Nonpriority creditor's name and mailing address <u>KRISTINA DMYTRENKO</u> <u>4409 CAUSEWAY CT.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.408	Nonpriority creditor's name and mailing address <u>KRISTOPHER PICKLE</u> <u>1303 FM 1119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CENTERVILLE</u> TX 75833		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.409	Nonpriority creditor's name and mailing address <u>KRISTY DESTEFANO</u> <u>3107 60TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.410	Nonpriority creditor's name and mailing address <u>KRYSTAL SNYDER</u> <u>221 E. CRAVEN AVE.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.411	Nonpriority creditor's name and mailing address <u>KRYSTAL STOGLIN</u> <u>720 OLIVE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.412	Nonpriority creditor's name and mailing address <u>KUNTELLEON SPIKES</u> <u>1738 DALLAS CIRCLE APT A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.413	Nonpriority creditor's name and mailing address <u>LADONNA MILLS</u> <u>1003 S 27TH</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
3.414	Nonpriority creditor's name and mailing address <u>LAKESHA STOGLIN</u> <u>1621 N 18TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
3.415	Nonpriority creditor's name and mailing address <u>LAKIRA MURPHEY</u> <u>1828 SANDY POINT RD APT # 4106</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			
3.416	Nonpriority creditor's name and mailing address <u>LANCE A PARKER</u> <u>P.O BOX 1541</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,909.79
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.417	Nonpriority creditor's name and mailing address <u>LANE EQUIPMENT COMPANY</u> <u>PO BOX 540909</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$210.33
 <u>HOUSTON</u> TX <u>77254-0909</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.418	Nonpriority creditor's name and mailing address <u>LANNY LYONS</u> <u>402 HIGGS DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX <u>77807</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.419	Nonpriority creditor's name and mailing address <u>LAPORTIA PLEASANT</u> <u>809 GREELY AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX <u>75766</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.420	Nonpriority creditor's name and mailing address <u>LARCEY LAWRENCE</u> <u>903 N 31ST ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX <u>76707</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.421	Nonpriority creditor's name and mailing address <u>LAREYNA WILSON</u> <u>703 WEST GLENWOOD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX <u>75710</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.422	Nonpriority creditor's name and mailing address <u>LARISSA WEAVER</u> <u>517 S MARY ST TRL C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX <u>77864</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.423	Nonpriority creditor's name and mailing address <u>LARRY BUTTON</u> <u>11300 HWY 271 LOT 250</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX <u>75708</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.424	Nonpriority creditor's name and mailing address <u>LARRY TOLLERSON</u> <u>5105 DAVY CROCKETT STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX <u>76502</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.425	Nonpriority creditor's name and mailing address <u>LASANDRA DAVIS</u> <u>1806 AVONDALE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.426	Nonpriority creditor's name and mailing address <u>LASHANDA JOHNSON</u> <u>8699 CO RD 3111</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.427	Nonpriority creditor's name and mailing address <u>LATONTRA DUKES</u> <u>408 A JUSTIN LANE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.428	Nonpriority creditor's name and mailing address <u>LATONYA BROWN</u> <u>1011 N. JACKSON #31</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.429	Nonpriority creditor's name and mailing address <u>LATOYA WHITFIELD</u> <u>434 E WALNUT ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.430	Nonpriority creditor's name and mailing address <u>LATOYSHA ERVIN</u> <u>2849 MADISON DR APT D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76706		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.431	Nonpriority creditor's name and mailing address <u>LAURA DIAZ AGUILAR</u> <u>265 SILVERTON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.432	Nonpriority creditor's name and mailing address <u>LAURA HARKINS</u> <u>12202 STATE HWAY 75 SOUTH</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MIDWAY</u> TX 75852		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.433	Nonpriority creditor's name and mailing address <u>LAVONTE JAMES</u> <u>2844 CR 4935</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.434	Nonpriority creditor's name and mailing address <u>LAWRENCE MICKLES</u> <u>800 SHADY LN. #517</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.435	Nonpriority creditor's name and mailing address <u>LEKEDRICK ROBERSON</u> <u>724 OLAF DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.436	Nonpriority creditor's name and mailing address <u>LEVI WHEAT</u> <u>725 CACTUS LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.437	Nonpriority creditor's name and mailing address <u>LEXI BATCHAN</u> <u>207 TOPAZ CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELTON</u> TX 76513		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.438	Nonpriority creditor's name and mailing address <u>LINDA FUENTES</u> <u>611 BROOK DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.439	Nonpriority creditor's name and mailing address <u>LINDA SCOTT</u> <u>408 LOTTIE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.440	Nonpriority creditor's name and mailing address <u>LINDA WHITED</u> <u>1225 KELLUM ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

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Amount of claim

3.441	Nonpriority creditor's name and mailing address <u>Liquid Environmental Solutions Of Texas</u> <u>PO BOX 733372</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,885.09
 <u>DALLAS</u> TX 75373		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.442	Nonpriority creditor's name and mailing address <u>LISA GOSNEY</u> <u>1396 CR 4930</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KEMPNER</u> TX 76539		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.443	Nonpriority creditor's name and mailing address <u>LIZA GONZALES</u> <u>2417 COLGATE CIRCLE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77840		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.444	Nonpriority creditor's name and mailing address <u>LMICHAEL AMOS</u> <u>102 E TRUMAN AVE APT # B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPEARS COVE</u> TX 76522		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.445	Nonpriority creditor's name and mailing address <u>LOCHRIDGE-PRIEST, INC</u> <u>P O BOX 154187</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,128.28
 <u>WACO</u> TX 76715		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.446	Nonpriority creditor's name and mailing address <u>LOGGINS PLUMBING</u> <u>PO BOX 150937</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,824.45
 <u>LUFKIN</u> TX 75915-0937		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.447	Nonpriority creditor's name and mailing address <u>LOIS BROCKINGTON</u> <u>303 HORTON ST</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILGORE</u> TX 75662		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.448	Nonpriority creditor's name and mailing address <u>LONDON MCCULLOUGH</u> <u>2202 W NW LOOP 323 APT # 122</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.449	Nonpriority creditor's name and mailing address <u>LONESTAR LOGOS & SIGNS LLC</u> <u>611 S CONGRESS AVE STE 300</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,375.00
<hr/>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.450 Nonpriority creditor's name and mailing address <u>LONNY BERNAL</u> <u>2706 ATKINSON DR.</u>		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.451 Nonpriority creditor's name and mailing address <u>LUDCO, INC</u> <u>3210 SW STALLINGS DRIVE</u>		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,789.57
<hr/>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.452 Nonpriority creditor's name and mailing address <u>MACDARIUS GIPSON</u> <u>600 W HALLMARK BLVD APT # 517</u>		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.453	Nonpriority creditor's name and mailing address <u>MACY MOORING</u> <u>1104 EAST MAIN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.454	Nonpriority creditor's name and mailing address <u>MADISON COUNTY</u> <u>Office of Retail Food Permitting & Inspe</u> <u>300 W SCHOOL ST RM 104</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.455	Nonpriority creditor's name and mailing address <u>MAKIA WYATTS</u> <u>2120 PEARL ST APT # 110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.456	Nonpriority creditor's name and mailing address <u>MALAKI STRICKLAND</u> <u>826 W. 32 ND STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.457	Nonpriority creditor's name and mailing address <u>MALCOLM MAKES</u> <u>3611 POINTER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.458 Nonpriority creditor's name and mailing address <u>MALEEQUE RIDEN</u> <u>308 EARL ST</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.459 Nonpriority creditor's name and mailing address <u>MALIK TORRES</u> <u>3829 HUACO LN</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.460 Nonpriority creditor's name and mailing address <u>MANUEL PARADA</u> <u>503 1/2 NORTH 4TH STREET</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.461	Nonpriority creditor's name and mailing address <u>MARC GUZMAN</u> <u>826 MT CARMEL RD.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.462	Nonpriority creditor's name and mailing address <u>MARC HOOKS</u> <u>2917 NORTH 12TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.463	Nonpriority creditor's name and mailing address <u>MARCUS FAHIE</u> <u>4307 TELLURIDE DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.464	Nonpriority creditor's name and mailing address <u>MARGARITA GODINEZ</u> <u>8222 ECHO LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.465	Nonpriority creditor's name and mailing address <u>MARGARITA SANCHEZ</u> <u>7692 COUNTY ROAD 485</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER TX 75706</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.466 Nonpriority creditor's name and mailing address <u>MARIA ANGULO</u> <u>2006 WOODLAWN ST</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER TX 75702</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.467 Nonpriority creditor's name and mailing address <u>MARIA DELGADO HOLQUIN</u> <u>386 CRIPPLE CREEK RD.</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN TX 75904</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.468 Nonpriority creditor's name and mailing address <u>MARIA LARA CISNEROS</u> <u>803 STUTTS ST.</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE TX 77864</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.469	Nonpriority creditor's name and mailing address <u>MARIA MARTINEZ</u> <u>3200 FIN FEATHER APT 121</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.470	Nonpriority creditor's name and mailing address <u>MARIA MONTENEGRO</u> <u>605 ATKINSON AVE #3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.471	Nonpriority creditor's name and mailing address <u>MARIA RAMIREZ</u> <u>194 BLUEBONNET BND</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NACOGDOCHES</u> TX 75965		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.472	Nonpriority creditor's name and mailing address <u>MARIA RAMIREZ</u> <u>920 CLEARLEAF DR APT 80</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.473	Nonpriority creditor's name and mailing address <u>MARIA REYES</u> <u>554 HUMASON AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75901		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.474	Nonpriority creditor's name and mailing address <u>MARIA ROSS</u> <u>212 N SPARKS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELTON</u> TX 76513		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.475	Nonpriority creditor's name and mailing address <u>MARIA SANTANA PINA</u> <u>1175 BURKHALTER HOLLOW RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.476	Nonpriority creditor's name and mailing address <u>MARIA SEPULVEDA</u> <u>2246 COUNTY ROAD 326 W</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75706		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.477	Nonpriority creditor's name and mailing address <u>MARIA TORRES</u> <u>108 S REED AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.478	Nonpriority creditor's name and mailing address <u>MARIAH TONDRE</u> <u>4511 LONESOME DOVE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.479	Nonpriority creditor's name and mailing address <u>MARIEL FAULLON</u> <u>1024 BURKHALTER RD.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.480	Nonpriority creditor's name and mailing address <u>MARISOL GONZALES</u> <u>705 E ELM ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.481	Nonpriority creditor's name and mailing address <u>MARISOL PATLAN</u> <u>2118 N TENNEHAW AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.482	Nonpriority creditor's name and mailing address <u>MARQUEZ BROWN</u> <u>612 PAINTBRUSH DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.483	Nonpriority creditor's name and mailing address <u>MARSHA BELTON</u> <u>1402 TEJAS TRAIL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.484	Nonpriority creditor's name and mailing address <u>MARSHAL HODGANEK</u> <u>800 SHADY LN. #531</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELTON</u> TX 76513		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.485	Nonpriority creditor's name and mailing address <u>MARTHA JIMENEZ</u> <u>822 MOUNT CARMEL RD</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.486	Nonpriority creditor's name and mailing address <u>MARTISHA BAKER</u> <u>2229 RED BIRD LANE APT # E</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75706		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.487	Nonpriority creditor's name and mailing address <u>MARVELL JONES</u> <u>1304 SADDLE DR</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.488	Nonpriority creditor's name and mailing address <u>MARY PINEDA</u> <u>822 MOUNT CARMEL RD.</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.489	Nonpriority creditor's name and mailing address <u>MARYJANE CASTILLO</u> <u>519 N GRESHAM ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MARLIN</u> TX 76661		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.490	Nonpriority creditor's name and mailing address <u>Marylou Medina Garcia</u> <u>c/o Ben Abbott & Associates</u> <u>1934 Pendleton Drive</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00
 <u>Garland</u> TX 75041		Basis for the claim: <u>Alleged Personal Injury Claim</u>	
Date or dates debt was incurred <u>01/02/2015</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.491	Nonpriority creditor's name and mailing address <u>MASON BRASHEAR</u> <u>915 SHERWOOD LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.492	Nonpriority creditor's name and mailing address <u>MATTHEW CHAPMAN</u> <u>3603 CRESCENT DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.493	Nonpriority creditor's name and mailing address <u>MAYRA NUSTAS</u> <u>222 HOPKINS ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.494	Nonpriority creditor's name and mailing address <u>MBM CORPORATION</u> <u>2641 MEADOWBROOK RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$548,681.92
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.495	Nonpriority creditor's name and mailing address <u>MCGLADREY LLP</u> <u>5155 PAYSPHERE CIR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,426.30
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.496	Nonpriority creditor's name and mailing address <u>MCI COMM SERVICE</u> <u>PO BOX 15043</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$146.67
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.497	Nonpriority creditor's name and mailing address <u>MCINTYRE PLUMBING</u> <u>10291 ROBINSON DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER TX 75703</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.498	Nonpriority creditor's name and mailing address <u>MEGAN CHAMNESS</u> <u>805 W LINCOLN AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE TX 76522</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.499	Nonpriority creditor's name and mailing address <u>MELANIE MOLINAR</u> <u>1302 COVEY LANE APT # B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN TX 76542</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.500	Nonpriority creditor's name and mailing address <u>MERCEDES SEARCY</u> <u>1500 OLYMPIA WAY APT 16</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION TX 77840</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.501	Nonpriority creditor's name and mailing address <u>MICAH PRAVEL</u> <u>1204 S. LOOP DR. APT. 1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.502	Nonpriority creditor's name and mailing address <u>MICAH SMITH</u> <u>6204 CROMWELL CT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.503	Nonpriority creditor's name and mailing address <u>MICHAEL GUERRA</u> <u>709 DENNIS ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.504	Nonpriority creditor's name and mailing address <u>MICHAEL RANSBURG</u> <u>1604 E ADAMS AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.505	Nonpriority creditor's name and mailing address <u>MICHAEL SANTIKOS</u> <u>224 LYNN DR APT # A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77801		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.506	Nonpriority creditor's name and mailing address <u>MICHAEL SIGLER</u> <u>416 WOLDERT ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.507	Nonpriority creditor's name and mailing address <u>MICHEAL LOUGHMILLER</u> <u>615 FM 856 N</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TROUP</u> TX 75789		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.508	Nonpriority creditor's name and mailing address <u>MICHEAL PARTIDA</u> <u>208 NORTH CHURCH ST APT # 402</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.509	Nonpriority creditor's name and mailing address <u>MICHEALLA SIMPSON</u> <u>1018 N ROSS AVE APT # A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.510	Nonpriority creditor's name and mailing address <u>MICHELLE JONES</u> <u>821 WEST AVE I APT B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.511	Nonpriority creditor's name and mailing address <u>MICHELLE ROSALES</u> <u>277 SILVERTON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.512	Nonpriority creditor's name and mailing address <u>MICKEY SIMON</u> <u>4606 Bowles Drive Apt #Unita</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.513	Nonpriority creditor's name and mailing address <u>MIKE STAAS SERVICES, INC</u> <u>4914 FORT AVE.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$972.09
<hr/>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.514 Nonpriority creditor's name and mailing address <u>MIKEL LEE</u> <u>1403 SPOKANE STREET</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.515 Nonpriority creditor's name and mailing address <u>MIRIAM GONZALEZ</u> <u>7102 COKUI DR</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.516 Nonpriority creditor's name and mailing address <u>MISTY DONALDSON</u> <u>1806 CHISHOLM TRAIL</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.517	Nonpriority creditor's name and mailing address <u>MITCHELL MURPHY</u> <u>6006 ALEXUS DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 75642		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.518	Nonpriority creditor's name and mailing address <u>MONICA CHRISTIAN</u> <u>1007 NNW LOOP 323 277</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75701		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.519	Nonpriority creditor's name and mailing address <u>MONICA DEL VILLAR</u> <u>1208 W GROVE AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.520	Nonpriority creditor's name and mailing address <u>MONICA LAMBORN</u> <u>140 FLOWER PATH</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75904		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.521	Nonpriority creditor's name and mailing address MONICA REYNOLDS 405 WEST 28TH ST	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 BRYAN TX 77803		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.522	Nonpriority creditor's name and mailing address MORRIS LONDON 1410 MARTINSVILLE RD	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 NACAGDOCHES TX 75961		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.523	Nonpriority creditor's name and mailing address MR. ROOTER OF CENTRAL TEXAS 207 W PANTHER WAY	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 HEWITT TX 76643		Basis for the claim: Goods and/or services	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.524	Nonpriority creditor's name and mailing address MR. ROOTER PLUMBING 3615 FRANKLIN AVE #330	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$677.98
 WACO TX 76710		Basis for the claim: Goods and/or services	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.525	Nonpriority creditor's name and mailing address <u>MR. ROOTER PLUMBING OF CENTRAL TEXAS</u> <u>PO BOX 21804</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,071.90
 <u>WACO TX 76702</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.526	Nonpriority creditor's name and mailing address <u>MYKAYLA MACK</u> <u>3700 FIELDCREST DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN TX 76549</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.527	Nonpriority creditor's name and mailing address <u>NANCY MARTINEZ</u> <u>3200 FINFEATHER RD APT 123</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN TX 77801</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.528	Nonpriority creditor's name and mailing address <u>NATALIA RODRIGUEZ</u> <u>815 SOUTH PEARL ST APT # A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELTON TX 76513</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.529	Nonpriority creditor's name and mailing address <u>NATALIE GARCIA</u> <u>301 FULLER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.530	Nonpriority creditor's name and mailing address <u>NATASHA JACKSON</u> <u>4401 ALAN KENT APT D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.531	Nonpriority creditor's name and mailing address <u>NAVID SALEHEZADEH</u> <u>4433 RIDGE POINT LN.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>PLANO</u> TX 75024-7039		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.532	Nonpriority creditor's name and mailing address <u>NEVAEH BARNWELL</u> <u>327 E. CHEROKEE DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.533	Nonpriority creditor's name and mailing address <u>NEVAEH JAMES</u> <u>5328 LANCE LOOP</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.534	Nonpriority creditor's name and mailing address <u>NEWRN NETTERVILLE</u> <u>1537 WESTERN OAKS DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.535	Nonpriority creditor's name and mailing address <u>NORRIS GRIFFIN</u> <u>925 COLLEGE AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.536	Nonpriority creditor's name and mailing address <u>NSF INTERNATIONAL</u> <u>DEPT LOCK BOX #771380</u> <u>PO BOX 77000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.537	Nonpriority creditor's name and mailing address <u>NUCO2 LLC</u> <u>2800 SE MARKET PL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,120.51
 <u>STUART</u> FL 34997		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 3.538 Nonpriority creditor's name and mailing address <u>O'SHAY BELL</u> <u>303 SOUTH 42ND STREET APT # D</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 3.539 Nonpriority creditor's name and mailing address <u>OLIMPIA ZAMARRON</u> <u>12182 STATE HWY 64 WEST</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
 3.540 Nonpriority creditor's name and mailing address <u>OLIVIA MORRISON</u> <u>2310 BERNICE CR</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE</u> TX 76522		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.541	Nonpriority creditor's name and mailing address <u>OMAR MOORE</u> <u>6703 GOLDEN OAK LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.542	Nonpriority creditor's name and mailing address <u>ONE CALL SERVICES LLC</u> <u>10867 OAKDALE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$48,202.15
 <u>TYLER</u> TX 75707		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.543	Nonpriority creditor's name and mailing address <u>ORKIN - TYLER</u> <u>P O BOX 8648</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$237.54
 <u>TYLER</u> TX 75711		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.544	Nonpriority creditor's name and mailing address <u>ORKIN PEST CONTROL</u> <u>1728 S US HWY 287</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$164.01
 <u>CORSICANA</u> TX 75110		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.545	Nonpriority creditor's name and mailing address <u>OSSIEL LEOS</u> <u>305 KYE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.546	Nonpriority creditor's name and mailing address <u>PAMELA BAINES</u> <u>6024 PRIVATE DRIVE 4030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.547	Nonpriority creditor's name and mailing address <u>PAMELA MOSLEY</u> <u>208 E WELLS ST APT # 8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.548	Nonpriority creditor's name and mailing address <u>PAMELA ROSS</u> <u>608 W MLK ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.549	Nonpriority creditor's name and mailing address <u>PAR TECH, INC.</u> <u>PO BOX 301175</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,086.04
 <u>DALLAS</u> TX 75303		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.550	Nonpriority creditor's name and mailing address <u>PATRICIA MUNGIA</u> <u>1310 S MAIN ST APT # 202</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.551	Nonpriority creditor's name and mailing address <u>PATRICIA ROGERS</u> <u>703 W AVE B</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE</u> TX 76522		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.552	Nonpriority creditor's name and mailing address <u>PAUL SARVER</u> <u>1815 POTOMAC APT # C</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77845		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.553	Nonpriority creditor's name and mailing address <u>PAUL WALKER</u> <u>1400 WOODBINE APT. #11</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELLMEAD</u> TX 76705		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.554	Nonpriority creditor's name and mailing address <u>PAULA LOWE</u> <u>407 WISCONSIN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.555	Nonpriority creditor's name and mailing address <u>PEDRO RIVERA</u> <u>3014 TAFT ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.556	Nonpriority creditor's name and mailing address <u>PETER PAUL'S PLUMBING, INC.</u> <u>1902 E US HWY 80</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$162.38
 <u>WHITE OAK</u> TX 75963		Basis for the claim: <u>Goods and/or Services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.557	Nonpriority creditor's name and mailing address <u>PLAYNETWORK INC</u> <u>P O BOX 204515</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,402.74
 <u>DALLAS</u> TX <u>75320-4515</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.558	Nonpriority creditor's name and mailing address <u>PNC MERCHANT SERVICES</u> <u>249 FIFTH AVE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,469.02
 <u>PITTSBURGH</u> PA <u>15222</u>		Basis for the claim: <u>Goods and/or Services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.559	Nonpriority creditor's name and mailing address <u>PORSCHE GRANT</u> <u>4507 ALAN KENT DR APT D</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX <u>76549</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.560	Nonpriority creditor's name and mailing address <u>PRINCE CASTLE, INC</u> <u>21063 NEWTWRK PLACE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$880.56
 <u>CHICAGO</u> IL <u>60673-1210</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.561	Nonpriority creditor's name and mailing address <u>Purchasers Choice Inc.</u> <u>13841 ROSEWELL AVE, SUITE J</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$90.00
<hr/>		Basis for the claim: <u>Goods and/or services</u>	
CHINO CA 91710		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			
3.562	Nonpriority creditor's name and mailing address <u>QUENTIN RIXNER</u> <u>711 W CALHOUN AVE BLDG 3 APT #5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
TEMPLE TX 76501		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			
3.563	Nonpriority creditor's name and mailing address <u>QUENTIN SHEPHERD</u> <u>134 IDLEWOOD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
WACO TX 76705		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			
3.564	Nonpriority creditor's name and mailing address <u>QUINTEN MILLNER</u> <u>5111 SHAWN DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
KILLEEN TX 76542		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred			
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.565	Nonpriority creditor's name and mailing address <u>QUINTON PEOPLES</u> <u>204 SHELBY LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WOODWAY</u> TX 76712		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.566	Nonpriority creditor's name and mailing address <u>RACHELLE HOLSTON</u> <u>307 ERIC DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.567	Nonpriority creditor's name and mailing address <u>RAFAELA MORALEZ</u> <u>1519 LAMAR ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>SAN ANTONIO</u> TX 78202		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.568	Nonpriority creditor's name and mailing address <u>RAMIREZ WILSON</u> <u>1804 WEST AVE.H APT C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.569	Nonpriority creditor's name and mailing address <u>RANDALL PORTER</u> <u>219 PORTER LOOP</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.570	Nonpriority creditor's name and mailing address <u>RANESHA CARROLL</u> <u>5918 CALDWELL ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.571	Nonpriority creditor's name and mailing address <u>RAQUEL OROZCO ESPIRICUETA</u> <u>6298 DURAN LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.572	Nonpriority creditor's name and mailing address <u>RASHONDA SCOTT</u> <u>4206 ALAN KENT APT.#C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.573	Nonpriority creditor's name and mailing address <u>RAVEN SHELTON</u> <u>139 CR 4002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CHILTON</u> TX 76632		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.574	Nonpriority creditor's name and mailing address <u>RAYFUS LACY</u> <u>715 MOSLEY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76705		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.575	Nonpriority creditor's name and mailing address <u>RAYMOND CARDENAS</u> <u>117 BYBEE CT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.576	Nonpriority creditor's name and mailing address <u>RAYMOND TAYLOR</u> <u>2509 WATERWOOD LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.577	Nonpriority creditor's name and mailing address <u>REGINALD ADAMS III</u> <u>504 SO. 7TH STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.578	Nonpriority creditor's name and mailing address <u>REILLEY MILLER</u> <u>4409 HARLAN AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76711		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.579	Nonpriority creditor's name and mailing address <u>RENEE BUTTON</u> <u>11300 HWY 271 LOT 250</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.580	Nonpriority creditor's name and mailing address <u>REPUBLIC ALARM</u> <u>PO BOX 162794</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>FORT WORTH</u> TX 76161		Basis for the claim: <u>Goods and/or Services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.581	Nonpriority creditor's name and mailing address <u>REPUBLIC SERVICES # 70</u> <u>PO BOX 78829</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>PHOENIX</u> <u>AZ</u> <u>85062-8829</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.582	Nonpriority creditor's name and mailing address <u>RESTAURANT TECHNOLOGIES INC</u> <u>2250 PILOT KNOB RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,105.71
 <u>MENDOTA HEIGHTS</u> <u>MN</u> <u>55120</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.583	Nonpriority creditor's name and mailing address <u>REVA DOBBINS</u> <u>1818 CUMBERLAND</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> <u>TX</u> <u>76708</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.584	Nonpriority creditor's name and mailing address <u>RF TECHNOLOGIES INC</u> <u>542 S PRAIRIE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,835.04
 <u>BETHALTO</u> <u>IL</u> <u>62010</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.585	Nonpriority creditor's name and mailing address <u>RICHARD STOKES</u> <u>219 HOLD ST APT#1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.586	Nonpriority creditor's name and mailing address <u>RICK BROOME</u> <u>1265 CR 4903</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.587	Nonpriority creditor's name and mailing address <u>RIKKI SHANGREAUX</u> <u>1500 PENTECOST RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILGORE</u> TX 75662		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.588	Nonpriority creditor's name and mailing address <u>ROBERT GOODEN</u> <u>1305 DALE STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.589	Nonpriority creditor's name and mailing address <u>ROBERT JOHNSON</u> <u>820 CORSICANA HWY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.590	Nonpriority creditor's name and mailing address <u>Robin Stafford</u> <u>707 East Calhoun</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00
 <u>Temple</u> TX 76501		Basis for the claim: <u>Alleged Personal Injury Claim</u>	
Date or dates debt was incurred <u>03/26/2017</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.591	Nonpriority creditor's name and mailing address <u>ROCIO GOMEZ</u> <u>2300 LUTHER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75701		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.592	Nonpriority creditor's name and mailing address <u>RONALD KENNEDY</u> <u>5101 HAWTHORNE DR. APT #209</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76701		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.593	Nonpriority creditor's name and mailing address <u>RONNIE BELL</u> <u>3702 PALMTREE LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.594	Nonpriority creditor's name and mailing address <u>RORY LOMAS</u> <u>4401 LORI DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.595	Nonpriority creditor's name and mailing address <u>ROSA VILLALOBOS</u> <u>332 CLORE RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HARKER HEIGHTS</u> TX 76548		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.596	Nonpriority creditor's name and mailing address <u>ROSALINDA GARCIA</u> <u>400 GULF HERCULES ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILGORE</u> TX 75662		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.597	Nonpriority creditor's name and mailing address <u>ROSARIO ROBLES</u> <u>302 WEST SEAL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.598	Nonpriority creditor's name and mailing address <u>ROTO-ROOTER</u> <u>PO BOX 644</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,982.22
	Basis for the claim: <u>Goods and/or services</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.599	Nonpriority creditor's name and mailing address <u>ROY HARRIS</u> <u>600 DEARBORN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.600	Nonpriority creditor's name and mailing address <u>RR DONNELLEY CO</u> <u>PO BOX 932721</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,493.58
	Basis for the claim: <u>Goods and/or services</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.601	Nonpriority creditor's name and mailing address <u>RUDY GARCIA</u> <u>4608 DILLON DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.602	Nonpriority creditor's name and mailing address <u>SAEVON CROSBY</u> <u>1123 S BROADWAY</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75703		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.603	Nonpriority creditor's name and mailing address <u>SAL BHATTY</u> <u>3927 BONNIE LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>ROUND ROCK</u> TX 78665		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.604	Nonpriority creditor's name and mailing address <u>SAMMY BRIMZY</u> <u>403 SHORT STREET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

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Amount of claim

3.605	Nonpriority creditor's name and mailing address <u>SAMUEL BALDRIDGE</u> <u>2108 HUNT DR APT # D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.606	Nonpriority creditor's name and mailing address <u>SAMYRIA JONES</u> <u>814 S 6TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.607	Nonpriority creditor's name and mailing address <u>SANDRA VILLA</u> <u>1600 MOCKINGBIRD LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.608	Nonpriority creditor's name and mailing address <u>SARA BARAHONA</u> <u>1212 ROYAL CREST DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

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Amount of claim

3.609	Nonpriority creditor's name and mailing address <u>SARAH SIMMONS</u> <u>14207 S. US HWY 69</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HUNTINGTON</u> TX 75949		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.610	Nonpriority creditor's name and mailing address <u>SAUL OCAMPO</u> <u>906 E 26TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.611	Nonpriority creditor's name and mailing address <u>SAVANNAH ORTIZ</u> <u>1310 SOUTH 23RD ST APT 207</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.612	Nonpriority creditor's name and mailing address <u>SCOTT HOOD</u> <u>724 DEARBORN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

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Amount of claim

3.613	Nonpriority creditor's name and mailing address <u>SEACRELA PEARSON</u> <u>104 CHOCTOW CT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.614	Nonpriority creditor's name and mailing address <u>SEAN EGGLESTON</u> <u>304 N 7TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.615	Nonpriority creditor's name and mailing address <u>SEDRICK LEE</u> <u>6532 BURLING ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76712		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.616	Nonpriority creditor's name and mailing address <u>SEIDAH LUGMAN</u> <u>J6047 SHOSHONE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75703		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.617	Nonpriority creditor's name and mailing address <u>SERENA TREVINO</u> <u>1701 TERRACE DR APT # 1112</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX <u>76541-7307</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.618	Nonpriority creditor's name and mailing address <u>SERENITY YATES</u> <u>9912 SMOCK MILL LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX <u>76502</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.619	Nonpriority creditor's name and mailing address <u>SHAHID HASHMI</u> <u>6206 CROMWELL CT.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX <u>77802</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.620	Nonpriority creditor's name and mailing address <u>SHAKINLEY LAWRENCE</u> <u>1408 HAMMOND DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX <u>76549</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.621	Nonpriority creditor's name and mailing address <u>SHALAKIA SCOTT</u> <u>1406 BENTON ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.622	Nonpriority creditor's name and mailing address <u>SHANIKA HAMILTON</u> <u>3809 CUMBERLAND</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.623	Nonpriority creditor's name and mailing address <u>SHANIQUA FOREST</u> <u>813 LEON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.624	Nonpriority creditor's name and mailing address <u>SHANNETTE BILTON</u> <u>1621 N 18TH</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Basis for the claim: <u>Notice only</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.625	Nonpriority creditor's name and mailing address <u>SHANNON CAMPBELL</u> <u>608 S 26TH ST APT # B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.626	Nonpriority creditor's name and mailing address <u>SHANNON ELZY</u> <u>P.O.BOX 20395</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.627	Nonpriority creditor's name and mailing address <u>SHANNON WILLIS</u> <u>1828 SANDY POINT ROAD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77807		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.628	Nonpriority creditor's name and mailing address <u>SHANTELLE GARRETT</u> <u>1406 S 15TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.629	Nonpriority creditor's name and mailing address <u>SHAQUIN DENMON</u> <u>8630 HOGAN RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76502		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.630	Nonpriority creditor's name and mailing address <u>SHARAIN BRASSFIELD</u> <u>1705 COLLEGE ST APT#48</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.631	Nonpriority creditor's name and mailing address <u>SHARDA MANNING</u> <u>1050 N CASEY ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.632	Nonpriority creditor's name and mailing address <u>SHARLENE CARROLL</u> <u>1100 NTH 6ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76707		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.633	Nonpriority creditor's name and mailing address <u>SHARMILA KAFLE</u> <u>1415 E ELM STREET APT # 201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>HILLSBORO</u> TX 76645		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.634	Nonpriority creditor's name and mailing address <u>SHAVON JOHNSON</u> <u>2306 TRUMAN ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.635	Nonpriority creditor's name and mailing address <u>SHAWNTA PARR</u> <u>4402 PECAN LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76705		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.636	Nonpriority creditor's name and mailing address <u>SHAY DESOUZA</u> <u>3000 WEST ADAMS AVE APT # 403</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.637	Nonpriority creditor's name and mailing address <u>SHEDARIAN ANDERSON</u> <u>529 N RAGSDALE ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.638	Nonpriority creditor's name and mailing address <u>SHELBY STAMPLEY</u> <u>216 N PRESTON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WHITNEY</u> TX 76692		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.639	Nonpriority creditor's name and mailing address <u>SHELTON PLUMBING</u> <u>PO BOX 24220</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,895.70
 <u>WACO</u> TX 76702		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.640	Nonpriority creditor's name and mailing address <u>SHERELL ROBINSON</u> <u>913 S. 22ND ST. APT. A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.641	Nonpriority creditor's name and mailing address SHERICKA MATTHEWS 309 ROOT AVE ST 21	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 KILLEEN TX 76541		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.642	Nonpriority creditor's name and mailing address SHERRY BRYANT 604 WEST AVENUE B	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 COOPERAS COVE TX 76522		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.643	Nonpriority creditor's name and mailing address SHERRY FRANKLIN 1679 HWY 121 502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 LEWISVILLE TX 75067		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.644	Nonpriority creditor's name and mailing address SHIMEQUA BETTERS 1117 WOODBINE ST	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 WACO TX 76705		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.645	Nonpriority creditor's name and mailing address <u>SHIRLEY ROMAR</u> <u>308 AVALON ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.646 Nonpriority creditor's name and mailing address <u>SHONTELLE GREENE</u> <u>3212 WENZ</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.647 Nonpriority creditor's name and mailing address <u>SHUNIKA JOHNSON</u> <u>1811 E. AVE K APT. #309</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.648 Nonpriority creditor's name and mailing address <u>SIRDIROUS ROBINSON</u> <u>10914 CR 383</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75708		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.649	Nonpriority creditor's name and mailing address <u>SKYLAR HOFFMAN</u> <u>421 TALLEY NICHOLAS DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.650	Nonpriority creditor's name and mailing address <u>SNJEZANA MANDIC</u> <u>2301 NORTHAM DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77845		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.651	Nonpriority creditor's name and mailing address <u>SNOWBE ARMSTEAD</u> <u>P. O. BOX 12599</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LONGVIEW</u> TX 75606		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.652	Nonpriority creditor's name and mailing address <u>SOUTHWESTERN ELECTRIC POWER</u> <u>PO BOX 24422</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,743.08
 <u>CANTON</u> OH 44701-4422		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.653	Nonpriority creditor's name and mailing address <u>SPARTAN COMPUTER SERVICES</u> <u>39360 TREASURY CTR</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,694.10
 <u>CHICAGO</u> <u>IL</u> <u>60694-9900</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.654	Nonpriority creditor's name and mailing address <u>STAAS PLUMBING COMPANY INC</u> <u>333 LAKE AIR DRIVE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> <u>TX</u> <u>76710</u>		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.655	Nonpriority creditor's name and mailing address <u>STEFANE PHILLIPS</u> <u>2411 ANDOVER DR</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> <u>TX</u> <u>76542</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.656	Nonpriority creditor's name and mailing address <u>STELLA WARTHEN</u> <u>1002 MISSOURI AVE</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> <u>TX</u> <u>76541</u>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.657	Nonpriority creditor's name and mailing address <u>STEPHANIE GALLARD</u> <u>P.O.BOX 150514</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75915		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.658	Nonpriority creditor's name and mailing address <u>STEVEN AVELAR</u> <u>205 REDMOND DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLEGE STATION</u> TX 77840		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.659	Nonpriority creditor's name and mailing address <u>STEVEN SAMUELS</u> <u>3902 CHAROLAIS DR APT# B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.660	Nonpriority creditor's name and mailing address <u>STEVEN SEGOUIA</u> <u>1707 E MAIN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.661	Nonpriority creditor's name and mailing address <u>STORMY LANG</u> <u>8037 SAND HILL RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.662	Nonpriority creditor's name and mailing address <u>SUPERIOR SERVICE COMPANY</u> <u>PO BOX 6754</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77805		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.663	Nonpriority creditor's name and mailing address <u>Sylvia Lowery</u> <u>c/o Timothy R. Cappolino</u> <u>312 S Houston Avenue</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00
 <u>Cameron</u> TX 76520		Basis for the claim: <u>Alleged Personal Injury Claim</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.664	Nonpriority creditor's name and mailing address <u>TADRYAN DAVIS</u> <u>1073 WINDMEADOWS DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COLLGEG STATION</u> TX 77845		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.665	Nonpriority creditor's name and mailing address <u>TALITHA PEOPLES</u> <u>2606 GAZELLE DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
 3.666 Nonpriority creditor's name and mailing address <u>TAMARA MCCUIN</u> <u>3805 CR 149</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>FLINT</u> TX 75762		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
 3.667 Nonpriority creditor's name and mailing address <u>TAMIYA FINLEY</u> <u>1476 CANYON CREEK DR APT # 192</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76502		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
 3.668 Nonpriority creditor's name and mailing address <u>TANADIA ELLIS</u> <u>2201 EAST AVE I</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.669	Nonpriority creditor's name and mailing address <u>TANSHERRY RIAS</u> <u>601 TWIN OAKS DR APT # 408</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76504		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.670	Nonpriority creditor's name and mailing address <u>TANVEER MARUF</u> <u>1210 SHAWNEE BLVD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.671	Nonpriority creditor's name and mailing address <u>TANYA SMITH</u> <u>2706 TRIPP TRAIL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.672	Nonpriority creditor's name and mailing address <u>TAVARUS CUMMINGS</u> <u>139 CR 4002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CHILTON</u> TX 76632		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.673	Nonpriority creditor's name and mailing address <u>TAYLOR DAYS</u> <u>4802 SOUTH 31ST ST APT # 612</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.674 Nonpriority creditor's name and mailing address <u>TEKOAH RHODES</u> <u>5100 SANGER AVE #160</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.675 Nonpriority creditor's name and mailing address <u>TERAY MCMILLER</u> <u>1902 BARAK LN APT # 6</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.676 Nonpriority creditor's name and mailing address <u>TERKISHA CHAPEL</u> <u>5559 LISTER LANE</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.677	Nonpriority creditor's name and mailing address <u>TERREL MORRIS</u> <u>620 WEST ELM AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.678	Nonpriority creditor's name and mailing address <u>TERRENCE WILLIAMS</u> <u>2020 LEE ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75702		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.679	Nonpriority creditor's name and mailing address <u>TERRY ROBINSON</u> <u>716 E AVE A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.680	Nonpriority creditor's name and mailing address <u>TESSA ENRIQUEZ</u> <u>725 PINEWOOD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>DIBOLL</u> TX 75941		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.681	Nonpriority creditor's name and mailing address <u>Texas Metro Fire LLC dba Metro Fire Equi</u> <u>PO BOX 543</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,466.45
 <u>VON ORMY</u> TX 78073		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.682	Nonpriority creditor's name and mailing address <u>TEXAS MUTUAL INSURANCE COMPANY</u> <u>PO BOX 841843</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,196.70
 <u>DALLAS</u> TX 75284		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.683	Nonpriority creditor's name and mailing address <u>THELMA IVY</u> <u>1400 E AVE H LOT # 24</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NOLANVILLE</u> TX 76559		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.684	Nonpriority creditor's name and mailing address <u>THENETA MACKEY</u> <u>11652 SOUTH WHITEHALL RD.</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MOODY</u> TX 76557		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.685	Nonpriority creditor's name and mailing address <u>THEODORE JENNINGS</u> <u>2216 HILLTOP LOOP</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.686	Nonpriority creditor's name and mailing address <u>Tiffany Howard</u> <u>c/o Chris Norman</u> <u>1801 Trimmier Road, Suite A2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00
 <u>Killeen</u> TX 76549		Basis for the claim: <u>Alleged Personal Injury Claim</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.687	Nonpriority creditor's name and mailing address <u>TIFFANY MCCLAIN</u> <u>708 N PARKER</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77803		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.688	Nonpriority creditor's name and mailing address <u>TIFFANY NUCKOLS</u> <u>805 S 40TH ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.689	Nonpriority creditor's name and mailing address <u>TIFFANY OWENS</u> <u>1800 PRIMROSE DR. APT. 113B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.690	Nonpriority creditor's name and mailing address <u>TIMMY FINLEY</u> <u>711 W CALHOUN AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.691	Nonpriority creditor's name and mailing address <u>TINA THOMAS</u> <u>1305 N. 4TH #202</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.692	Nonpriority creditor's name and mailing address <u>TIYUN KENDRICKS</u> <u>1320 OLD DALLAS RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
<hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.693	Nonpriority creditor's name and mailing address <u>TOBIAS LAWRENCE</u> <u>3704 PALMTREE LN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.694	Nonpriority creditor's name and mailing address <u>TOCCORA SESSIONS</u> <u>2519 AMMONS ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>NACOGDOCHES</u> TX 75964		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.695	Nonpriority creditor's name and mailing address <u>TOMICA DIAZ</u> <u>6101 CHARLOTTE LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76542		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.696	Nonpriority creditor's name and mailing address <u>TRACE JENKINS</u> <u>1200 S MADISON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.697	Nonpriority creditor's name and mailing address <u>TRACY JOHNSON</u> <u>3229 EDMOND AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76707		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.698 Nonpriority creditor's name and mailing address <u>TRACY STEWART</u> <u>502 N BOLTON ST</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>JACKSONVILLE</u> TX 75766		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.699 Nonpriority creditor's name and mailing address <u>TRACY WALTON</u> <u>9629 S 3RD ST.RD</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76706		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
 3.700 Nonpriority creditor's name and mailing address <u>TRACY WOFFORD</u> <u>8977 N. US HWY 75</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BUFFALO</u> TX 75831		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.701	Nonpriority creditor's name and mailing address <u>TRAVIS HAWTHORNE</u> <u>822 WELLS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.702	Nonpriority creditor's name and mailing address <u>TREDAVONE SCOTT</u> <u>2305 MAPLE AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.703	Nonpriority creditor's name and mailing address <u>TRINITY ELECTRICAL SERVICE INC.</u> <u>P.O. BOX 1146</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,979.91
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.704	Nonpriority creditor's name and mailing address <u>TRISTIAN FORD</u> <u>116 E CEDAR ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.705	Nonpriority creditor's name and mailing address <u>TRM PLUMBING</u> <u>2458 SPARTA OAKS DR.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Goods and/or services</u>	
BELTON TX 76513		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.706	Nonpriority creditor's name and mailing address <u>TUCKER, ALBIN & ASSOCIATES, INC. / JC Su</u> <u>1702 N. Collins Blvd, Suite 100</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Goods and/or services</u>	
Richardson TX 75080		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.707	Nonpriority creditor's name and mailing address <u>TXU ENERGY</u> <u>PO BOX 650638</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$82,806.58
<hr/>		Basis for the claim: <u>Goods and/or services</u>	
DALLAS TX 75265-0638		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.708	Nonpriority creditor's name and mailing address <u>TYRONE MURRAY</u> <u>608 CARVER ST.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
WACO TX 76704		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.709	Nonpriority creditor's name and mailing address <u>UNITED HEALTH CARE</u> <u>1311 W President George Bush Hwy</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,729.67
 <u>RICHARDSON</u> TX 75080		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.710	Nonpriority creditor's name and mailing address <u>UNITED REFRIGERATION, INC</u> <u>11401 ROOSEVELT BLVD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>PHILADELPHIA</u> PA 19154		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.711	Nonpriority creditor's name and mailing address <u>US DEPT OF HEALTH & HUMAN SERVICES</u> <u>200 INDEPENDENCE AVENUE, S.W.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WASHINGTON</u> DC 20201		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.712	Nonpriority creditor's name and mailing address <u>VALENCIA DUNN</u> <u>711 W CALHOUN AVE 3-5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TEMPLE</u> TX 76501		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.713	Nonpriority creditor's name and mailing address <u>VANESSA JARAMILLO</u> <u>3625 WELLBORN RD APT # 1413</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.714 Nonpriority creditor's name and mailing address <u>VANESSA RITCHIE</u> <u>1501 E BARTON AVE</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.715 Nonpriority creditor's name and mailing address <u>VERONICA BRADLEY</u> <u>3115 PARRISH ST</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.716 Nonpriority creditor's name and mailing address <u>VERONICA HASKINS</u> <u>4404-D DEEK DR</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<hr/>		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.717	Nonpriority creditor's name and mailing address <u>VERONICA LOPEZ</u> <u>1309 AIRDALE RD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BELTON</u> TX 76513		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.718	Nonpriority creditor's name and mailing address <u>VICKIE DAVIS</u> <u>917 N DREW ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LIVINGSTON</u> TX 77351		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.719	Nonpriority creditor's name and mailing address <u>VICTOR CARROLL</u> <u>506 W WARREN ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76710		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.720	Nonpriority creditor's name and mailing address <u>VICTOR GOMEZ</u> <u>2300 LUTHER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>TYLER</u> TX 75701		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.721	Nonpriority creditor's name and mailing address <u>VICTORIA BETTS</u> <u>101 EAST LANCE ST LOT # A5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>MADISONVILLE</u> TX 77864		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.722	Nonpriority creditor's name and mailing address <u>VICTORIA HOLGUIN</u> <u>345 FAIROAKS CRL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>LUFKIN</u> TX 75901		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.723	Nonpriority creditor's name and mailing address <u>VICTORIA MONTALVO</u> <u>3701 SPEIGHT AVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76711		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.724	Nonpriority creditor's name and mailing address <u>VICTORIA ROBINSON</u> <u>813 LITTEL ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>COPPERAS COVE</u> TX 76522		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.725	Nonpriority creditor's name and mailing address <u>VINCENT MCGLOTTEN</u> <u>4302 SECRETARIAT DRIVE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76549		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.726	Nonpriority creditor's name and mailing address <u>VIOLETA UVALLE</u> <u>206 WASHINGTON ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.727	Nonpriority creditor's name and mailing address <u>WACEY HOYLE</u> <u>21120 FM 244</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>Iola</u> TX 77861		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.728	Nonpriority creditor's name and mailing address <u>WALLACE RIGGLE</u> <u>705 E JASPER DR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76541		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.729	Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF TEXAS INC PO BOX 660345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,901.00
DALLAS TX 75266		Basis for the claim: Goods and/or services	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.730	Nonpriority creditor's name and mailing address WELDON BISHOP 3699 CR 114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
CENTERVILLE TX 75833		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.731	Nonpriority creditor's name and mailing address WELLS FARGO - CREDIT LINE 733 MARQUETTE AVENUE, SUITE 700	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$326,000.00
MINNEAPOLIS MN 55402		Basis for the claim: Goods and/or services	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.732	Nonpriority creditor's name and mailing address WILLIAM BOLIN 6406 CREEK LAND RD	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
KILLEEN TX 76549		Basis for the claim: Notice only	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.733	Nonpriority creditor's name and mailing address <u>WILLIAM HAWK</u> <u>1305 W VILLA MARIA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>BRYAN</u> TX 77801		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.734	Nonpriority creditor's name and mailing address <u>WILLIAM STEWART JR</u> <u>1738 DALLAS CIRCLE APT # A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>WACO</u> TX 76704		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.735	Nonpriority creditor's name and mailing address <u>WILLIE ALEXANDER</u> <u>1208 MONROE LOOP APT.#D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>KILLEEN</u> TX 76543		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			
3.736	Nonpriority creditor's name and mailing address <u>WILLIE DAVIS</u> <u>2905 FM 1119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
 <u>CENTERVILLE</u> TX 75833		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number — — — —			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.737	Nonpriority creditor's name and mailing address <u>WILMA MANNING</u> <u>968 CR 146 W</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.738 Nonpriority creditor's name and mailing address <u>WINDSTREAM</u> <u>PO BOX 9001908</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$153.82
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.739 Nonpriority creditor's name and mailing address <u>XANDRA GANLINDO</u> <u>309 BOX FACTORY RD</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
 3.740 Nonpriority creditor's name and mailing address <u>XAVIA MODICUE</u> <u>1600 BACON RANCH ROAD APT # 1502</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.741	Nonpriority creditor's name and mailing address <u>YESENIA MESA</u> <u>190 DEER LANE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.742	Nonpriority creditor's name and mailing address <u>YOANA VADO</u> <u>4400 TROUP HWY #207</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.743	Nonpriority creditor's name and mailing address <u>YOLANDA AREVALO</u> <u>505 RESTMEYER ST</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: <u>Notice only</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.744	Nonpriority creditor's name and mailing address <u>ZAFAR N. MOOSA</u> <u>326 PRAIRIE HILL TRAIL</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,221,567.00
		Basis for the claim: <u>Goods and/or services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 2: Additional Page**

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Amount of claim

3.745	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Notice only			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number		_____	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Allied Insurance Company</u> <u>1100 Locust Street, Dept. 1100</u> _____	Line <u>3.269</u> <input type="checkbox"/> Not listed. Explain:	<u>5 7 0 4</u> _____
	<u>Des Moines IA 50391</u> _____		
4.2	<u>Alston & Bird</u> <u>Attn: Jonathan T. Edwards</u> <u>One Atlantic Center</u> <u>1201 West Peachtree Street</u> <u>Atlanta GA 30309-3424</u> _____	Line <u>3.494</u> <input type="checkbox"/> Not listed. Explain:	_____
4.3	<u>Chris Norman</u> <u>Norman Taylor PLLC</u> <u>1801 Trimmier Road, Suite A2</u> _____	Line <u>3.686</u> <input type="checkbox"/> Not listed. Explain:	_____
	<u>Killeen TX 76549</u> _____		
4.4	<u>Craig W. Brown</u> <u>Cappolino Dodd Krebs LLP</u> <u>312 S Houston Avenue</u> _____	Line <u>3.663</u> <input type="checkbox"/> Not listed. Explain:	_____
	<u>Cameron TX 76520</u> _____		
4.5	<u>Don Wells</u> <u>TXU Energy</u> <u>6555 Sierra Drive</u> _____	Line <u>3.707</u> <input type="checkbox"/> Not listed. Explain:	_____
	<u>Irving TX 75039</u> _____		
4.6	<u>HARLAND CLARKE</u> <u>D/B/A TRANSCOURCE</u> <u>15955 LA CANTERA PKWY</u> _____	Line <u>3.291</u> <input type="checkbox"/> Not listed. Explain:	_____
	<u>SAN ANTONIO TX 78256</u> _____		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>Jared Mullowney</u> <u>Ben Abbott & Associates, PLLC</u> <u>1934 Pendleton Drive</u>	Line <u>3.490</u>	_____
	<u>Garland TX 75041</u>	<input type="checkbox"/> Not listed. Explain: Notice Only	
4.8	<u>Matthew C. Jameson</u> <u>Jameson & Dunagan, PC</u> <u>5429 LBJ Freeway, Suite 700</u>	Line _____	_____
	<u>Dallas TX 75240</u>	<input checked="" type="checkbox"/> Not listed. Explain: Notice Only	
4.9	<u>Stacey Nefe</u> <u>AMCO Insurance Company</u> <u>One Nationwide Gateway</u>	Line <u>3.269</u>	_____
	<u>Des Moines IA 50391-1913</u>	<input type="checkbox"/> Not listed. Explain:	
4.10	<u>Texas Mutual</u> <u>PO Box 12058</u>	Line <u>3.590</u>	<u>8</u> <u>9</u> <u>0</u> <u>7</u>
	<u>Austin TX 78711-2058</u>	<input type="checkbox"/> Not listed. Explain:	
4.11	<u>Timothy R. Cappolino</u> <u>Cappolino Dodd Krebs LLP</u> <u>312 S Houston Avenue</u>	Line <u>3.663</u>	_____
	<u>Cameron TX 76520</u>	<input type="checkbox"/> Not listed. Explain:	

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$0.00</u>
5b. Total claims from Part 2	5b. + <u>\$2,751,664.90</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<u>\$2,751,664.90</u>

Fill in this information to identify the case:

Debtor name	<u>J & D Restaurant Group, LLC</u>	
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>	
Case number (if known)	<u></u>	Chapter <u>7</u>

Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Commercial Umbrella Insurance and General Liability Insurance	<u>Allied Insurance Company</u> <u>1100 Locust Street, Dept 1100</u>
	State the term remaining		
	List the contract number of any government contract		<u>Des Moines</u> <u>IA</u> <u>50391</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	"Freestyle" beverage dispensers	<u>Coca-Cola Foodservice</u> <u>Risk Management Department</u> <u>The Coca-Cola Company</u> <u>PO Box 1734</u>
	State the term remaining		
	List the contract number of any government contract		<u>Atlanta</u> <u>GA</u> <u>30301</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest	Franchisee Participation Agreement to purchase and serve Dr. Pepper fountain drinks	<u>Dr. Pepper Snapple Group</u> <u>5301 Legacy Drive</u>
	State the term remaining		
	List the contract number of any government contract		<u>Plano</u> <u>TX</u> <u>75024-3109</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest	Bookkeeping and Payroll services, as well as lease of corporate office space and office equipment	<u>FALCON HOLDINGS MANAGEMENT LLC</u> <u>7 VILLAGE CIR STE 300</u>
	State the term remaining		
	List the contract number of any government contract		<u>WESTLAKE</u> <u>TX</u> <u>76262</u>

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease		
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Franchise Agreement - Debtor was franchisee of 31 Jack in the Box restaurants. See Exhibit 1 to Schedule A/B for addresses.	Jack in the Box, Inc. <u>9330 Balboa Avenue</u>	
2.6	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Flood Insurance for restaurant located at 5125 Bosque Blvd, Waco, Texas 76710.	National Flood Insurance Program Federal Insurance Administrator <u>1800 South Bell Street</u>	
2.7	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CO2 equipment	NuCO2, LLC <u>2800 SE Market Place</u>	
2.8	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Credit card processing	PNC MERCHANT SERVICES <u>249 FIFTH AVE</u>	
2.9	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Cooking oil and related equipment	Restaurant Technologies, Inc. <u>3711 Kennebec Drive, Ste 100</u>	
2.10	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Workers Compensation insurance	Texas Mutual <u>PO Box 12058</u>	
			Austin	TX 78711-2058

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.11 State what the contract or lease is for and the nature of the debtor's interest	Utilities TXU ENERGY PO BOX 650638
State the term remaining	_____
List the contract number of any government contract	DALLAS TX 75265-0638
2.12 State what the contract or lease is for and the nature of the debtor's interest	Storage unit U-Haul Moving & Storage of Midway 3824 S General Bruce Drive
State the term remaining	_____
List the contract number of any government contract	Temple TX 76502

Fill in this information to identify the case:

Debtor name	<u>J & D Restaurant Group, LLC</u>
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>
Case number (if known)	_____

Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor
			Check all schedules that apply:
Name	Mailing address		
2.1 Bernard J. Morrisey	<u>PO Box 236</u> Number Street	<u>FIRST FRANCHISE CAPITAL</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Roanoke TX 76262</u> City State ZIP Code		
2.2 Bernard J. Morrisey	<u>PO Box 236</u> Number Street	<u>FIRST FRANCHISE CAPITAL</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Roanoke TX 76262</u> City State ZIP Code		
2.3 Bernard J. Morrissey	<u>PO Box 236</u> Number Street	<u>FIRST FRANCHISE CAPITAL</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Roanoke TX 76262</u> City State ZIP Code		
2.4 Bernard J. Morrissey	<u>PO Box 236</u> Number Street	<u>FIRST FRANCHISE CAPITAL</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Roanoke TX 76262</u> City State ZIP Code		
2.5 Bernard J. Morrissey	<u>PO Box 236</u> Number Street	<u>FIRST FRANCHISE CAPITAL</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Roanoke TX 76262</u> City State ZIP Code		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor		
<i>Check all schedules that apply:</i>					
Name	Mailing address		Name		
2.6 Bernard J. Morrissey	Audrey J. Morrissey Number Street PO Box 236		MBM CORPORATION	<input type="checkbox"/> D	
				<input checked="" type="checkbox"/> E/F	
				<input type="checkbox"/> G	
	Roanoke TX 76262 City State ZIP Code				
2.7 Irfan N. Moosa	Salima Moosa Number Street 2629 Damsel Cherry Lane		MBM CORPORATION	<input type="checkbox"/> D	
				<input checked="" type="checkbox"/> E/F	
				<input type="checkbox"/> G	
	Lewisville TX 75056 City State ZIP Code				
2.8 JACK IN THE BOX INC	9330 BALBOA AVE Number Street		ANGELINA COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D	
				<input type="checkbox"/> E/F	
				<input type="checkbox"/> G	
	SAN DIEGO CA 92123 City State ZIP Code				
2.9 JACK IN THE BOX INC	9330 BALBOA AVE Number Street		Bell County Tax Appraisal District	<input checked="" type="checkbox"/> D	
				<input type="checkbox"/> E/F	
				<input type="checkbox"/> G	
	SAN DIEGO CA 92123 City State ZIP Code				
2.10 JACK IN THE BOX INC	9330 BALBOA AVE Number Street		BRAZOS COUNTY TAX	<input checked="" type="checkbox"/> D	
				<input type="checkbox"/> E/F	
				<input type="checkbox"/> G	
	SAN DIEGO CA 92123 City State ZIP Code				
2.11 JACK IN THE BOX INC	9330 BALBOA AVE Number Street		Cherokee County Appraisal District	<input checked="" type="checkbox"/> D	
				<input type="checkbox"/> E/F	
				<input type="checkbox"/> G	
	SAN DIEGO CA 92123 City State ZIP Code				
2.12 JACK IN THE BOX INC	9330 BALBOA AVE Number Street		CORYELL COUNTY	<input checked="" type="checkbox"/> D	
				<input type="checkbox"/> E/F	
				<input type="checkbox"/> G	
	SAN DIEGO CA 92123 City State ZIP Code				

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor		
			<i>Check all schedules that apply:</i>		
Name	Mailing address		Name		
2.13 JACK IN THE BOX INC	9330 BALBOA AVE		Gregg County Tax Assessor-Collector	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F
	Number Street			<input type="checkbox"/> G	
	SAN DIEGO	CA 92123			
	City	State ZIP Code			
2.14 JACK IN THE BOX INC	9330 BALBOA AVE		HILL COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F
	Number Street			<input type="checkbox"/> G	
	SAN DIEGO	CA 92123			
	City	State ZIP Code			
2.15 JACK IN THE BOX INC	9330 BALBOA AVE		Leon County Tax Assessor Collector	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F
	Number Street			<input type="checkbox"/> G	
	SAN DIEGO	CA 92123			
	City	State ZIP Code			
2.16 JACK IN THE BOX INC	9330 BALBOA AVE		MADISON COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F
	Number Street			<input type="checkbox"/> G	
	SAN DIEGO	CA 92123			
	City	State ZIP Code			
2.17 JACK IN THE BOX INC	9330 BALBOA AVE		MCLENNAN COUNTY - TAX OFFICE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F
	Number Street			<input type="checkbox"/> G	
	SAN DIEGO	CA 92123			
	City	State ZIP Code			
2.18 JACK IN THE BOX INC	9330 BALBOA AVE		Nacogdoches Central Appr Dist	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F
	Number Street			<input type="checkbox"/> G	
	SAN DIEGO	CA 92123			
	City	State ZIP Code			
2.19 JACK IN THE BOX INC	9330 BALBOA AVE		SMITH COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E/F
	Number Street			<input type="checkbox"/> G	
	SAN DIEGO	CA 92123			
	City	State ZIP Code			

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules
that apply:*

Name	Mailing address	Name	<input checked="" type="checkbox"/> D
2.20 Zafar N. Moosa	<u>326 Prairie Hill Trail</u> Number Street	FIRST FRANCHISE CAPITAL	<input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Lewisville</u> City	<u>TX</u> <u>75056</u> State ZIP Code	
2.21 Zafar N. Moosa	<u>326 Prairie Hill Trail</u> Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Lewisville</u> City	<u>TX</u> <u>75056</u> State ZIP Code	
2.22 Zafar N. Moosa	<u>326 Prairie Hill Trail</u> Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Lewisville</u> City	<u>TX</u> <u>75056</u> State ZIP Code	
2.23 Zafar N. Moosa	<u>326 Prairie Hill Trail</u> Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Lewisville</u> City	<u>TX</u> <u>75056</u> State ZIP Code	
2.24 Zafar N. Moosa	<u>326 Prairie Hill Trail</u> Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Lewisville</u> City	<u>TX</u> <u>75056</u> State ZIP Code	
2.25 Zafar N. Moosa	<u>Parveen Rsuid</u> Number Street	MBM CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>326 Prairie Hill Trail</u>		
	<u>Lewisville</u> City	<u>TX</u> <u>75056</u> State ZIP Code	

Fill in this information to identify the case:Debtor Name J & D Restaurant Group, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): _____

 Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)1a. **Real property:**
Copy line 88 from Schedule A/B..... \$0.001b. **Total personal property:**
Copy line 91A from Schedule A/B..... \$162,877.831c. **Total of all property**
Copy line 92 from Schedule A/B..... \$162,877.83**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$11,363,101.39**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$0.003b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... + \$2,751,664.90**4. Total liabilities**Lines 2 + 3a + 3b..... \$14,114,766.29

Fill in this information to identify the case and this filing:Debtor Name J & D Restaurant Group, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number
(if known) _____**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/19/2017
MM / DD / YYYY

X /s/ Bernard J. Morrissey
Signature of individual signing on behalf of debtor

Bernard J. Morrissey
Printed name
CEO/President
Position or relationship to debtor

J & D Restaurant Group, LLC

JIB #	Street	City	State	Zip	Phone #	County
675	2906 Texas Avenue	Bryan	TX	77802	979-775-7103	Brazos
683	1504 Texas Avenue Hwy 6	College Station	TX	77840	979-693-4310	Brazos
816	204 W Adams Ave	Temple	TX	76501	254-778-4571	Bell
818	210 W Rancier Ave	Killeen	TX	76541	254-526-4777	Bell
828	901 E Hwy 190	Copperas Cove	TX	76522	254-547-9898	Coryell
832	5125 Bosque Blvd	Waco	TX	76710	254-776-0097	McLennan
835	725 S University Parks Dr	Waco	TX	76706	254-755-7009	McLennan
838	3201 E Veterans Memorial Blvd	Killeen	TX	76543	254-699-5944	Bell
852	201 Hewitt Dr	Waco	TX	76712	254-772-3600	McLennan
3764	1129 W St. Marys	Centerville	TX	75833	903-536-1022	Leon
3783	1903 W Frank St	Lufkin	TX	75904	936-634-1985	Angelina
3786	400 N Temple	Diboll	TX	75941	936-829-3344	Angelina
3787	2015 North St	Nacogdoches	TX	75965	936-568-9690	Nacogdoches
3796	307 E FM 2410 Rd	Harker Heights	TX	76548	254-680-7989	Bell
3801	1902 E Denman Ave	Lufkin	TX	75901	936-634-2011	Angelina
3803	1703 S Broadway Ave	Tyler	TX	75701	903-592-8841	Smith
3804	6915 S Broadway Ave	Tyler	TX	75703	903-939-9632	Smith
3805	121 N Northwest Loop 323	Tyler	TX	75702	903-596-7739	Smith
3813	1724 S Valley Mills Dr	Waco	TX	76711	254-754-7514	McLennan
3814	1525 Interstate 35 N	Bellmead	TX	76705	254-412-2013	McLennan
3816	3000 E Main	Madisonville	TX	77864	936-349-0881	Madison
3817	1405 Corsicana Hwy	Hillsboro	TX	76645	8177268532	Hill
3818	1329 S Jackson St	Jacksonville	TX	75766	903-541-0408	Cherokee
3825	3511 Longmire Dr	College Station	TX	77845	979-695-2993	Brazos
3839	745 US Highway 259 N	Kilgore	TX	75662	903-988-8186	Gregg
3852	1100 E Central Texas Expy	Killeen	TX	76541	254-690-2055	Bell
3855	900 N Earl Rudder Fwy	Bryan	TX	77802	979-731-8893	Brazos
3862	3608 SW HK Dodgen Loop	Temple	TX	76504	254-742-0195	Bell
3864	5301 W Stan Schlueter Loop	Killeen	TX	76549	254-634-0924	Bell
4710	3800 E Elms	Killeen	TX	76542	254-680-0078	Bell
4720	2808 Oakmark Drive	Belton	TX	76513	254-939-2168	Bell

Exhibit 2 (Schedule A/B)

(Unit numbers correspond to the restaurant locations listed on Exhibit 1)

Units	Outside Pole Signs	Outside High Rise Sign	Building Signage	Outside Pole Lights 2 lights on each	Patio Furniture	Preview Menuboard	Order Menuboard with Speaker	Dining Room Tables	Dining Room Chairs	Dining Room Lighting	DR Freestyle Coke machines & Cabinet w/ Ice Machine	DT Freestyle Coke Machine & Cabinet	
675	1			3	5	4	1	1	7	32	Numerous	1	1
683	1			3	5	6	1	1	7	32	Numerous	1	1
816	1			2	4		1	1	7	28	Numerous	1	1
818	1			2	5		1	1	7	28	Numerous		
828	1			2	5		1	1	7	28	Numerous	1	1
832	1			2	5	6	1	1	7	28	Numerous	1	1
835	1			2	5		1	1	13	58	Numerous		
838	1			2	6		1	1	12	40	Numerous	1	1
852	1			2	6		1	1	12	40	Numerous	1	1
3764	1	1	2	5			1	1	9	36	Numerous	1	1
3783	1	1	2	6			1	1	11	46	Numerous	1	1
3786	1			2	5		1	1	7	30	Numerous		
3787	1			2	6		1	1	19	76	Numerous	1	1
3796	1			2	4		1	1	9	36	Numerous	1	1
3801	1	1	2	5			1	1	17	70	Numerous	1	1
3803	1			2	5		1	1	11	46	Numerous	1	1
3804	1			2	5		1	1	17	70	Numerous	1	1
3805	1			2	5		1	1	17	72	Numerous	1	1
3813	1			2	5		1	1	12	52	Numerous	1	1
3814	1	1	3	5			1	1	12	52	Numerous	1	1
3816	1	1	2	5			1	1	12	40	Numerous	1	1
3817	1	1	2	5			1	1	13	52	Numerous	1	1
3818	1			2	5		1	1	13	52	Numerous	1	1
3825	1			2	5		1	1	12	40	Numerous		
3839	1			2	5		1	1	12	54	Numerous	1	1
3852	1			2	5		1	1	7	30	Numerous	1	1
3855	1	1	2	5			1	1	7	28	Numerous	1	1
3862	1	1	2	5			1	1	12	52	Numerous	1	1
3864	1			2	5		1	1	11	50	Numerous	1	1
4710	1			2	5		1	1	12	52	Numerous	1	1
4720	1			2	5		1	1	7	28	Numerous	1	1
TOTALS	31	8	65	157	16	31	31	338	1378		27	27	

Units	Bevariety DR Drink System with Ice Machine	Bevariety DR Cabinet	Bevariety Drive Thru Drink System	Ice Machine	Drive Thru Headsets	Drive Thru Loop	Front Counter	POS Units for Front line	POS Units for Drive Thru	Bump Bars	Monitors	Drive Thru Cabinet	Tray's For Guest Orders
675				1	4	1	1	2	2	4	4	1	25
683				1	4	1	1	2	2	4	4	1	25
816				1	4	1	1	2	3	7	7	1	25
818	1	1	1	1	4	1	1	2	2	4	4	1	25
828				1	4	1	1	2	2	4	4	1	25
832				1	4	1	1	2	2	4	4	1	25
835	1	1	1	1	4	1	1	2	2	4	4	1	25
838				1	4	1	1	2	2	4	4	1	25
852				1	4	1	1	2	2	4	4	1	25
3764				1	4	1	1	2	2	4	4	1	25
3783				1	4	1	1	2	2	4	4	1	25
3786	1	1	1	1	4	1	1	2	2	4	4	1	25
3787				1	4	1	1	2	2	4	4	1	25
3796				1	4	1	1	2	2	4	4	1	25
3801				1	4	1	1	2	2	4	4	1	25
3803				1	4	1	1	2	2	4	4	1	25
3804				1	4	1	1	2	2	4	4	1	25
3805				1	4	1	1	2	2	4	4	1	25
3813				1	4	1	1	2	2	4	4	1	25
3814				1	4	1	1	2	2	4	4	1	25
3816				1	4	1	1	2	3	8	8	1	25
3817				1	4	1	1	2	2	4	4	1	25
3818				1	4	1	1	2	2	4	4	1	25
3825	1	1	1	1	4	1	1	2	2	4	4	1	25
3839				1	4	1	1	2	3	7	7	1	25
3852				1	4	1	1	2	2	7	7	1	25
3855				1	4	1	1	2	3	7	7	1	25
3862				1	4	1	1	2	3	7	7	1	25
3864				1	4	1	1	2	3	7	7	1	25
4710				1	4	1	1	2	3	7	7	1	25
4720				1	4	1	1	2	2	7	7	1	25
TOTALS	4	4	4	31	124	31	31	62	69	152	152	31	775

Units	Baskets for Inside Orders	Shake Machine	Shake Mixer	Coffee Machine	Tea Brewer	Hand Sink	POU Refrigerators	POU Freezers	Upright Freezer	Upright Cooler	Stainless Steel Assembly Line Cabinet	Stainless Steel Pass Through Cabinet	Protein Holding Cabinet	Assembly Station Refrigerator
675	30	1	1	1	1	2	2	1	2		1	1	1	1
683	30	1	1	1	1	2	2	1	2		1	1	1	1
816	30	1	1	1	1	2	2	1	2		1	1	1	1
818	30	1	1	1	1	2	2		2		1	1	1	1
828	30	1	1	1	1	2	1	1	2		1	1	1	1
832	30	1	1	1	1	2	2	1	2		1	1	1	1
835	30	1	1	1	1	2	1		2		1	1	1	1
838	30	1	1	1	1	2	2	1	2		1	1	1	1
852	30	1	1	1	1	2	1		2	1	1	1	1	1
3764	30	1	1	1	1	2	2	1	2		1	1	1	1
3783	30	1	1	1	1	2	2		2		1	1	1	1
3786	30	1	1	1	1	2	1	1	2		1	1	1	1
3787	30	1	1	1	1	2	1		2		1	1	1	1
3796	30	1	1	1	1	2	2	1	2		1	1	1	1
3801	30	1	1	1	1	2	2	1	2		1	1	1	1
3803	30	1	1	1	1	2	2	1	2		1	1	1	1
3804	30	1	1	1	1	2	1	1	2		1	1	1	1
3805	30	1	1	1	1	2	2	1	2		1	1	1	1
3813	30	1	1	1	1	2	2	1	2		1	1	1	1
3814	30	1	1	1	1	2	2	1	2		1	1	1	1
3816	30	1	1	1	1	2	2	1	2		1	1	1	1
3817	30	1	1	1	1	2	2	1	2		1	1	1	1
3818	30	1	1	1	1	2	1	1	2		1	1	1	1
3825	30	1	1	1	1	2	1	1	2		1	1	1	1
3839	30	1	1	1	1	2	2	1	2		1	1	1	1
3852	30	1	1	1	1	2	2	1	2		1	1	1	1
3855	30	1	1	1	1	2	2	1	2		1	1	1	1
3862	30	1	1	1	1	2	1	1	2		1	1	1	1
3864	30	1	1	1	1	2	2	1	2		1	1	1	1
4710	30	1	1	1	1	2	2	1	2		1	1	1	1
4720	30	1	1	1	1	2	2	1	2		1	1	1	1
TOTALS	930	31	31	31	31	62	53	26	62	1	31	31	31	31

Units	Stainless Steel Pans for Assembly Station	Microwave s	Fried Protein Cabinet or Warmer	Round Up Toaster	Round Up Butter Wheel	Sourdough Toaster	Batch Toaster	Flat Grill	Flat Grill Timer	Grill Hood and Grill Hood Fan	Fire Suppression System for Grill	Upright Meat Freezer	Upright Frozen Food Freezer
675	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
683	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
816	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
818	Numerous	2	1	1	1	1		1	1	1	1	1	1
828	Numerous	2	1	1	1	1		1	1	1	1	1	1
832	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
835	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
838	Numerous	2	1	1	1	1		1	1	1	1	1	1
852	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3764	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3783	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3786	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3787	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3796	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3801	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3803	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3804	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3805	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3813	Numerous	2	1	1	1	1		1	1	1	1	1	1
3814	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3816	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3817	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3818	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3825	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3839	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3852	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3855	Numerous	3	1	1	1	1	1	1	1	1	1	1	1
3862	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3864	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
4710	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
4720	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
TOTALS		63	31	31	31	31	27	31	31	31	31	31	31

Units	Fry Station dump Station	Fryers	Fryer Filtration System	Fry Timer	Fry Hood & Fan on Roof	Fire Suppression System for Fryers	Taco Station	Taco Station Warmer	Taco Station Freezer Cooler Combo	Food Prep Table	Food Prep Lettuce Slicer
675	1	4	1	1	1	1	1		1	1	1
683	1	4	1	1	1	1	1		1	1	1
816	1	4	1	1	1	1	1		1	1	1
818	1	4	1	1	1	1	1		1	1	1
828	1	4	1	1	1	1	1		1	1	1
832	1	4	1	1	1	1	1		1	1	1
835	1	4	1	1	1	1	1		1	1	1
838	1	4	1	1	1	1	1		1	1	1
852	1	4	1	1	1	1	1		1	1	1
3764	1	4	1	1	1	1	1		1	1	1
3783	1	4	1	1	1	1	1		1	1	1
3786	1	4	1	1	1	1	1		1	1	1
3787	1	4	1	1	1	1	1		1	1	1
3796	1	4	1	1	1	1	1		1	1	1
3801	1	4	1	1	1	1	1		1	1	1
3803	1	4	1	1	1	1	1		1	1	1
3804	1	4	1	1	1	1	1		1	1	1
3805	1	4	1	1	1	1	1		1	1	1
3813	1	4	1	1	1	1	1		1	1	1
3814	1	4	1	1	1	1	1		1	1	1
3816	1	4	1	1	1	1	1		1	1	1
3817	1	4	1	1	1	1	1		1	1	1
3818	1	4	1	1	1	1	1		1	1	1
3825	1	4	1	1	1	1	1		1	1	1
3839	1	4	1	1	1	1	1		1	1	1
3852	1	4	1	1	1	1	1		1	1	1
3855	1	5	1	1	1	1	1	1	1	1	1
3862	1	5	1	1	1	1	1	1	1	1	1
3864	1	5	1	1	1	1	1	1	1	1	1
4710	1	4	1	1	1	1	1	1	1	1	1
4720	1	4	1	1	1	1	1	1	1	1	1
TOTALS	31	127	31	31	31	31	31	5	31	31	31

Units	Food Prep Tomato Slicer	Food Prep Cambro Pans	Prep Sink	Racks for Soda Products	Drink station Filtration Filters	Hot Water Heater	Three Compartment Sink	Walk in Cooler	Walk in Freezer	Storage Racks	HVAC Units on Roof
675	1	Numerous	1	1	1	1	1	1	1	Numerous	3
683	1	Numerous	1	1	1	1	1	1	1	Numerous	3
816	1	Numerous	1	1	1	1	1	1	1	Numerous	2
818	1	Numerous	1	1	1	1	1	1	1	Numerous	2
828	1	Numerous	1	1	1	1	1	1	1	Numerous	2
832	1	Numerous	1	1	1	1	1	1	1	Numerous	3
835	1	Numerous	1	1	1	1	1	1	1	Numerous	3
838	1	Numerous	1	1	1	1	1	1	1	Numerous	3
852	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3764	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3783	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3786	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3787	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3796	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3801	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3803	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3804	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3805	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3813	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3814	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3816	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3817	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3818	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3825	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3839	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3852	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3855	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3862	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3864	1	Numerous	1	1	1	1	1	1	1	Numerous	2
4710	1	Numerous	1	1	1	1	1	1	1	Numerous	2
4720	1	Numerous	1	1	1	1	1	1	1	Numerous	2
TOTALS	31		31	31	31	31	31	31	31	0	73

JIB #	Street	City	State	ZIP Code	Business Phone	NCR 7403 Register	NCR 7402 Register	7197 Printer USB Cable	NCR Cash Drawer	Bump Bars	Oasys Boxes	Delphi 9210	Hyper OCS	7402 CBT
675	2906 S Texas Ave	Bryan	TX	77802	979-775-7103	0	4	3	4	4	2	1	0	1
683	1504 Texas Ave Hwy 6	College Station	TX	77840	979-693-4310	0	4	3	4	4	2	1	0	1
816	204 W Adams Ave	Temple	TX	76501	254-778-4571	0	5	4	5	7	3	1	0	1
818	210 W Rancier	Killeen	TX	76541	254-526-4777	0	4	3	4	4	2	1	0	1
828	901 E Hwy 190	Copperas Cove	TX	76522	254-547-9898	0	4	3	4	4	2	1	0	1
832	5125 Bosque Blvd	Waco	TX	76710	254-776-0097	0	4	3	4	4	2	1	0	1
835	725 University Parks Dr	Waco	TX	76706	254-755-7009	4	0	3	4	4	2	1	0	1
838	3201 E Veterans Memorial Blvd	Killeen	TX	76543	254-699-5944	0	4	3	4	4	2	1	0	1
852	201 Hewitt Dr	Waco	TX	76712	254-772-3600	0	4	3	4	4	2	1	0	1
3764	1129 W St Marys	Centerville	TX	75833	903-536-1022	0	4	3	4	4	2	0	1	1
3783	1903 W Frank St	Lufkin	TX	75904	936-634-1985	0	4	3	4	4	2	1	0	1
3786	400 N Temple	Diboll	TX	75941	936-829-3344	0	4	3	4	4	2	1	0	1
3787	2015 North St	Nacogdoches	TX	75965	936-568-9690	0	4	3	4	4	2	1	0	1
3796	307 E Fm 2410 Rd	Harker Heights	TX	76548	254-680-7989	0	4	3	4	4	2	1	0	1
3801	1902 E Denman Ave	Lufkin	TX	75901	936-634-2011	0	4	3	4	4	2	1	0	1
3803	1703 S Broadway Ave	Tyler	TX	75701	903-592-8841	0	4	3	4	4	2	1	0	1
3804	6915 S Broadway Ave	Tyler	TX	75703	903-939-9632	0	4	3	4	4	2	1	0	1
3805	121 N Northwest Loop 323	Tyler	TX	75702	903-596-7739	0	4	3	4	4	2	1	0	1
3813	1724 S Valley Mills Dr	Waco	TX	76711	254-754-7514	0	4	3	4	4	2	1	0	1
3814	1525 Interstate 35 N	Bellmead	TX	76705	254-412-2013	0	4	3	4	4	2	1	0	1
3816	3000 E Main	Madisonville	TX	77864	936-349-0881	5	0	4	5	8	3	0	1	1
3817	1405 Corsicana Hwy	Hillsboro	TX	76645	254-582-0443	0	4	3	4	4	2	1	0	1
3818	1329 S Jackson St	Jacksonville	TX	75766	903-541-0408	0	4	3	4	4	2	1	0	1
3825	3511 Longmire Dr	College Station	TX	77845	979-695-2993	4	0	3	4	4	2	0	1	1
3839	745 Us Highway 259 N	Kilgore	TX	75662	903-988-8186	5	0	4	5	7	3	0	1	1
3852	1100 E Central Texas Expy	Killeen	TX	76541	254-690-2055	4	0	3	4	7	3	0	1	1
3855	900 N Earl Rudder Fwy	Bryan	TX	77802	979-731-8893	5	0	4	5	7	3	1	0	1
3862	3608 Sw Hk Dodgen Loop	Temple	TX	76502	254-742-0195	0	5	4	5	7	3	1	0	1
3864	5301 W Stan Schlueter Loop	Killeen	TX	76549	254-634-0924	0	5	4	5	7	3	1	0	1
4710	3800 E Elms	Killeen	TX	76542	254-680-0078	0	5	4	5	7	3	1	0	1
4720	2808 Oakmark Dr	Belton	TX	76513	254-939-2168	0	4	3	4	7	3	1	0	1
						27	104	100	131	152	71	26	5	31